04/14/2006 17:14

Image# 26950044910

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Association of Health Underwriters PAC (HUPAC) P. O. Box 7135 ADDRESS (number and street) Check if different than previously DC 20044 Washington 7135 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00283135 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 0 1 2006 03 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Wade S. Williams Type or Print Name of Treasurer Electronically Filed by Wade S. Williams 04 14 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

| | 01 01 2006 | To: 0 3 3 1 2 0 0 |
|---|-------------------------|-----------------------------------|
| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| (a) Cash on Hand January 1 Yellow 2006 | | 31951.44 |
| (b) Cash on Hand at Begining of Reporting Period | 31951.44 | |
| (c) Total Receipts (from Line 19) | 98707.26 | 98707.26 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 130658.70 | 130658.70 |
| Total Disbursements (from Line 31) | 69105.04 | 69105.04 |
| Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 61553.66 | 61553.66 |
| Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period:

From:

м м 0 1 01

2006

то.

м м 0 3 ^D 3 1

^Y 2006

| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|----------|--|-------------------------------|-----------------------------------|
| 11. | Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| | Than Political Committees (i) Itemized (use Schedule A) | 42642.00 | 42642.00 |
| | (ii) Unitemized | 56025.36 | 56025.36 |
| | (iii) TOTAL (add Lines 11(a)(i) and (ii) | 98667.36 | 98667.36 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 98667.36 | 98667.36 |
| 2. | Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 3. | All Loans Received | 0.00 | 0.00 |
| 4. 5. | Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| 16 | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00 | 0.00 |
| Ο. | to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 7. | Other Federal Receipts (Dividends, Interest, etc.) | 39.90 | 39.90 |
| 8. | | | |
| | (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| | (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| | (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 9. | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 98707.26 | 98707.26 |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19) | 98707.26 | 98707.26 |

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|----------------------------|-----------------------------------|
| 21. | Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating Expenditures | 12640.04 | 12640.04 |
| | (c) Total Operating Expenditures | 1001001 | 1001001 |
| 2 | (add 21(a)(i), (a)(ii) and (b)) | 12640.04 | 12640.04 |
| | Committees | 0.00 | 0.00 |
| 3. | Contributions to | | |
| | Federal Candidates/Committees | 54000.00 | 54000.00 |
| | Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 5. | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | (use Schedule F) | 0.00 | 0.00 |
| 6. | Loan Repayments Made | 0.00 | 0.00 |
| | Loans Made | 0.00 | 0.00 |
| 8. | Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | 465.00 | 465.00 |
| | man Folitical Committees | | |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| | (d) Total Contribution Refunds | | |
| | (add Lines 28(a), (b), and (c)) | 465.00 | 465.00 |
| 9. | Other Disbursements | 2000.00 | 2000.00 |
| 0. | Federal Election Activity (2 U.S.C 431(20)) | | |
| | (a) Shared Federal Election Activity | | |
| | (from Schedule H6) | 0.00 | 0.00 |
| | (i) Federal Share | | 0.00 |
| | (ii) "Levin" Share | 0.00 | 0.00 |
| | (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| | (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 1 | Total Disbursements (add Lines 21(c), 22, | | |
| • | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 69105.04 | 69105.04 |
| 2. | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) from Line 30(a)(ii) | 22125.21 | 20425.2 |
| | from Line 31) | 69105.04 | 69105.04 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| | III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|----------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3) | 98667.36 | 98667.36 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 465.00 | 465.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 98202.36 | 98202.36 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 12640.04 | 12640.04 |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 12640.04 | 12640.04 |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 6 / 93 |
|---|---|---|---|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | | | |
| National Association of Health Underw | riters PAC (| HUPAC) | |
| Full Name (Last, First, Middle Initial) Dennis Butler | | | Date of Receipt |
| Mailing Address 5651 South 59th Stree | t Suite B | | 01 10 2006 |
| City | State | Zip Code | Transaction ID: 12208329 |
| Lincoln | NE | 68516-2388 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Daubert & Butler Associat- | Occupation | | |
| es Inc. Receipt For: | Insurance | e Agent e Year-to-Date ▼ | _ |
| Primary General | Aggregate | | 1 |
| Other (specify) ▼ | 0 0 | 1000.00 | |
| Full Name (Last, First, Middle Initial) 3. Alan S Katz | | | Date of Receipt |
| Mailing Address 26610 Agoura Rd. # 2 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | State | Zip Code | Transaction ID: 12712176 |
| <u>Calabasas</u> | CA | 91302-3802 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Insurance Neighborhood | Occupation | | |
| | | ice President, Sales | 4 |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | 1 |
| Other (specify) ▼ | | 1000.00 | |
| Full Name (Last, First, Middle Initial) 2. JESSE A PATTON | | | Date of Receipt |
| Mailing Address 2175 NW 86th St., Sui | te 14 | | 01 30 7 2006 |
| City | State | Zip Code | Transaction ID: 12789949 |
| Des Moines | IA | 50325-5557 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | | 225.00 |
| Name of Employer Associations Marketing Gr- | Occupation CEO/Pre | | |
| oup Inc. Receipt For: | | e Year-to-Date V | + |
| Primary General Other (specify) ▼ | | 225.00 | |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | | 2225.00 |
| 1 -0- (-1) | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 7/93 |
|------------|---|-------------------------|---|---|------------------------------------|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a 11b 11 13 14 | 11c |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the | atements may | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting solicit contributions from so | ng contributions uch committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| \rangle | National Association of Health Underwin | | | | |
| A. | Full Name (Last, First, Middle Initial) MICHAEL D. GRAY | | | Date of Receipt | |
| | Mailing Address 233 South 13th Street Suite 1500 | | | 02 01 | 2006 |
| | City | State | Zip Code | Transaction ID: 130 | |
| | Lincoln | NE | 68508-2017 | Amount of Each Rec | eipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 200.00 |
| | Name of Employer The Harry A. Koch Company | Occupation Insurance | |] | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 400.00 | | |
| В. | Full Name (Last, First, Middle Initial) Kenneth G. Kuhni | | | Date of Receipt | |
| | Mailing Address 1139 South Orem Blvd. | 02 09 | 2006 | | |
| | City | State | Zip Code | Transaction ID: 128 | |
| | Orem | <u>UT</u> | 84058-6976 | Amount of Each Rec | eipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 250.00 |
| | Name of Employer First West Benefit Soluti- ons | Occupation Insurance | |] | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 250.00 | | |
| <u>С</u> . | Full Name (Last, First, Middle Initial) THELMA KACZMAREK | | | Date of Receipt | |
| | Mailing Address PO Box 345 P O Box 345 | | | 02 / 13 | 2006 |
| | City | State | Zip Code | Transaction ID: 128 | |
| | Ravenna | OH | 44266-1684 | Amount of Each Rec | eipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 75.00 |
| | Name of Employer Kaczmarek Ins. Services | Occupation | | | |
| | Agency Inc. | Insurance | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | . | |
| | Primary General Other (specify) ▼ | 0 0 | 275.00 | | |
| S | UBTOTAL of Receipts This Page (optional) | | | | 525.00 |
| \vdash | | | | - | |

| SCHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 8 / 93 |
|--|---|--|
| ITEMIZED RECEIPTS | or each category of the | (check only one) |
| TI LIMIZED REGEN 13 | Detailed Summary Page | X 11a 11b 11c 12 |
| Any information copied from such Reports and State | ments may not be sold or used by any person | of for the purpose of soliciting contributions |
| or for commercial purposes, other than using the nat | me and address of any political committee to | solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | |
| National Association of Health Underwrite | ers PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) A. JOSEPH K. ROBERTS | | Date of Receipt |
| Mailing Address 7101 South 82nd Street | | 0 2 1 3 2 0 0 6 |
| City | State Zip Code | Transaction ID: 12870626 |
| Lincoln | NE 68516-6574 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 400.00 |
| Midlande Financial Renefi- | Occupation Registered Representative Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) 3. JEFFREY R FISHBACK | | Date of Receipt |
| Mailing Address 736 Johnson Ferry Rd., C Building C Suite 200 | C-200 | 02 13 2006 |
| City | State Zip Code | Transaction ID: 12870642 |
| <u>Marietta</u> | GA 30068-5618 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Purchasing Alliance Solut- | Occupation | |
| ions Inc. | Insurance Agent | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) | | |
| LARRY KACZMAREK | | Date of Receipt |
| Mailing Address 6711 Berry Rd | | 02 13 7 2006 |
| City | State Zip Code | Transaction ID: 12870605 |
| Ravenna | OH 44266-1684 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 75.00 |
| Name of Employer Kaczmarek Insurance Servi- | Occupation | |
| ces Inc. Receipt For: | Insurance Agent Aggregate Year-to-Date ▼ | - |
| Primary General Other (specify) ▼ | 275.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1475.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 93 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|---|--|
| Any information copied from such Reports and Sta or for commercial purposes, other than using the | atements may n name and addre | ot be sold or used by any persons of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) National Association of Health Underwi | iters PAC (H | UPAC) | |
| Full Name (Last, First, Middle Initial) CONSTANCE Nelson ZARKOWSKI Mailing Address 2277 Townsgate Rd., S City Westlake Village FEC ID number of contributing federal political committee. Name of Employer Easy Insurance Marketing Inc Receipt For: Primary General Other (specify) Tull Name (Last, First, Middle Initial) ED N. ZUREK Mailing Address 500 Lake Cook Road Suite 270 City Deerfield FEC ID number of contributing federal political committee. Name of Employer Goldstein Financial Corp. | State CA C Occupation Insurance Aggregate Y State IL C Occupation | Zip Code 91361-2421 Agent 'ear-to-Date ▼ 250.00 Zip Code 60015-4959 | Date of Receipt M |
| Goldstein Financial Corp. Receipt For: Primary General Other (specify) | Insurance Aggregate Y | Agent ′ear-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Charles A Webb Mailing Address 15 S. Jefferson Street City Roanoke FEC ID number of contributing federal political committee. Name of Employer Benefits Group Inc. Receipt For: Primary General | State VA C Occupation Insurance Aggregate Y | Zip Code 24011-1303 Agent ′ear-to-Date ▼ | Date of Receipt M M M |
| Other (specify) SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | | 1000.00 | 2250.00 |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 10 / 93 |
|---|---------------------------|-------------------------------------|--|
| TEMIZED RECEIPTS | | or each category of the | (check only one) |
| TEMPLES RESERVED | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Any information copied from such Reports and Sta | itements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| National Association of Health Underwri | iters PAC (| HUPAC) | |
| Full Name (Last, First, Middle Initial) A. Mark M. Newbold | | | Date of Receipt |
| Mailing Address 1206 North Lincoln Stre | et Suite 2 | | 02 21 2006 |
| City | State | Zip Code | Transaction ID: 12929021 |
| Spokane | WA | 99201-2559 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 600.00 |
| Name of Employer Corkery & Jones Benefits | Occupation | | |
| Inc. Receipt For: | Insurance | e Year-to-Date 🔻 | _ |
| Primary General | Aggregate | Teal to Bate V | 1 |
| Other (specify) ▼ | 1 | 600.00 | |
| | | | |
| Full Name (Last, First, Middle Initial) 3. Judith A Hayes | | | Date of Receipt |
| Mailing Address 1802 West Crescent Dri | M " M / D " D / Y " Y " Y | | |
| 0.1 | 02 21 2006 | | |
| City Odessa | State TX | Zip Code 79761-1566 | Transaction ID: 12929020 |
| FEC ID number of contributing | | 79701-1300 | Amount of Each Receipt this Period |
| federal political committee. | C | | 365.00 |
| Name of Employer Hayes Insurance Services | Occupation | n | 7 |
| Hayes Insurance Services | Insurance | e Agent | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 365.00 | |
| Curior (specify) | 0 0 | | 1 |
| Full Name (Last, First, Middle Initial) DAVID S JOHNSON | | | Date of Receipt |
| Mailing Address PO Box 871129 | | | 0 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 12935481 |
| Stone Mountain | GA | 30087-0029 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 260.00 |
| <u> </u> | | | |
| Name of Employer David S. Johnson Insurance Occup Accou | | n Executive | |
| Receipt For: | | e Year-to-Date ▼ | - |
| Primary General | 72 0 | | 1 |
| Other (specify) ▼ | | 310.00 | |
| | | | |
| SUBTOTAL of Receipts This Page (optional) | | | 1225.00 |
| 1 -0-(-10) | | | |

| SCHEDULE A (FEC Form 3X) | | | Harana and a shadala (a) | FOR LINE NUMBER: PAGE 11 / 93 |
|--------------------------|---|------------------------------|--|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| II LIMIZED ILICEIF 13 | | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the i | atements may name and ado | rnot be sold or used by any perso Iress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwr | iters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) Jack D Reaves | | | Date of Receipt |
| | Mailing Address 1401 North Central Exp Suite 230 | ressway | | 02 21 2006 |
| | City | State | Zip Code | Transaction ID: 12934927 |
| | Richardson | TX | 75080-4669 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 365.00 |
| | Name of Employer Reaves Insurance Agency | Occupation Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 205.00 | |
| | Other (specify) | 0 0 | 365.00 | |
| В. | Full Name (Last, First, Middle Initial) Glenn E. Wells | | | Date of Receipt |
| | Mailing Address 1220 Moyview Road | 02 / 22 / 2006 | | |
| | City | State | Zip Code | Transaction ID: 12937013 |
| | Pittsburgh | PA | 15241 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Single Source Benefits, | Occupation President | | |
| | Inc. Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 | |
| — С. | Full Name (Last, First, Middle Initial) KATHRYN ANDERSON | | | Date of Receipt |
| | Mailing Address P. O. Box 7648 | | | 0 2 2 3 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: 12994383 |
| | Tyler | TX | 75711-7648 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer Strategies In Employee Be- | Occupation | | |
| nefits Inc. Insura | | Insurance | e Agent Year-to-Date ▼ | _ |
| | Receipt For: Aggregat Primary General | | ו במו־נט-טמנצ ▼ | |
| | Other (specify) ▼ | 0 0 | 235.00 | |
| | | | | 1440.00 |
| S | UBTOTAL of Receipts This Page (optional) | | > | 1770,00 |

S

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Statements may | | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 93 (check only one) X |
|---|---|---------------------|--|--|
| | for commercial purposes, other than using the r | | | |
| \rangle | NAME OF COMMITTEE (In Full) National Association of Health Underwr | iters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) TRACY Q BRADFORD | Date of Receipt | | |
| | Mailing Address 866 Ridgeway Loop Rd. | , Ste 200 | | 02 28 2006 |
| | City Little Rock | State AR | Zip Code 72221 | Transaction ID: 13124544 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Clay & Land Insurance, In- c. | Occupation Agent | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 300.00 | |
| В. | Full Name (Last, First, Middle Initial) ALINE ROBERTS | | | Date of Receipt |
| | Mailing Address 3537 Old Conejo Road, | 02 28 2006 | | |
| | City | State | Zip Code | Transaction ID: 13124751 |
| | Newbury Park FEC ID number of contributing federal political committee. | CA | 91320-6189 | Amount of Each Receipt this Period 85.00 |
| | Name of Employer Insurance Dimensions | Occupation | | 7 |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 245.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) DAVID S JOHNSON | | | Date of Receipt |
| | Mailing Address PO Box 871129 | | | 02 28 2006 |
| | City | State | Zip Code | Transaction ID: 13124561 |
| | Stone Mountain FEC ID number of contributing federal political committee. | GA C | 30087-0029 | Amount of Each Receipt this Period 85.00 |
| | Name of Employer David S. Johnson Insurance Receipt For: Primary General Other (specify) | | Executive Year-to-Date 395.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 270.00 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 13 / 93 |
|----------------------------|---|---------------------|--|--|
| | · | | Use separate schedule(s) or each category of the | (check only one) |
| ITEMIZED RECEIPTS | | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | _ comes community raige | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta | tements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the n | ame and add | lress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwri | iters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) JESSE A PATTON | Date of Receipt | | |
| | Mailing Address 2175 NW 86th St., Suite | 14 | | 02 28 2006 |
| | City | State | Zip Code | Transaction ID: 13209012 |
| | Des Moines | IA | 50325-5557 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 225.00 |
| | Name of Employer Associations Marketing Gr- | Occupation CEO/Pres | | 7 |
| | oup Inc. Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 00 0 | | 1 |
| | Other (specify) ▼ | | 450.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) KATHRYN ANDERSON | | | Date of Receipt |
| | Mailing Address P. O. Box 7648 | | | 03 01 2006 |
| | City | State | Zip Code | Transaction ID: 13115172 |
| | Tyler | TX | 75711-7648 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 80.00 |
| | Name of Employer | Occupation | 1 | - |
| | Strategies In Employee Be- nefits Inc. | Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 111 | | 1 |
| | Other (specify) | | 315.00 | |
| — С. | Full Name (Last, First, Middle Initial) Timothy J. Finnell | | | Date of Receipt |
| ٥. | Mailing Address 3400 Players Club Park | W2V # 110 | | M M / D D / Y Y Y Y |
| | Maining Addition 5400 Flayers Club Fair | way # 110 | | 03 01 2006 |
| | City | State | Zip Code | Transaction ID: 13269769 |
| | Memphis | TN | 38125-8915 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 600.00 |
| Evecutive Financial Servi- | | Occupation | | |
| | | Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 600.00 | 1 |
| | Other (specify) | | 000.00 | 1 |
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| | | | | 905.00 |
| Ls | UBTOTAL of Receipts This Page (optional) | | ····· | 303.00 |
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| S | CHEDULE A (FEC Form 3X) | | Harris and a shaded of a | FOR LINE NUMBER: PAGE 14 / 93 |
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| | • | | Use separate schedule(s) or each category of the | (check only one) |
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| Ar | y information copied from such Reports and Sta | tements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwri | ters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) MICHAEL D. GRAY | | | Date of Receipt |
| | Mailing Address 233 South 13th Street Suite 1500 | | | 03 01 2006 |
| | City | State | Zip Code | Transaction ID: 13115183 |
| | Lincoln | NE | 68508-2017 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 200.00 |
| | Name of Employer The Harry A. Koch Company | Occupation Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 1.55.15 | | 1 |
| | Other (specify) | | 600.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) THELMA KACZMAREK | | | Date of Receipt |
| | Mailing Address PO Box 345 P O Box 345 | | | 03 01 2006 |
| | City | State | Zip Code | Transaction ID: 13115186 |
| | Ravenna | OH | 44266-1684 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer | Occupation | 1 | _ |
| | Kaczmarek Ins. Services Agency Inc. | Insurance | e Agent | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | 1 1 | | 1 |
| | Other (specify) ▼ | | 375.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Receipt |
| C. | BRIAN W. LIECHTY Mailing Address 120 East Washington S | troot | | Date of Receipt |
| | 120 East Washington 3 | | 03 01 2006 | |
| | City | State | Zip Code | Transaction ID: 13115235 |
| | Plymouth | IN | 46563-1744 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 80.00 |
| | · | | | |
| | Name of Employer KL Benefits | Occupation Insurance | | |
| | Receipt For: | 1 | Year-to-Date ▼ | |
| | Primary General | 1 1 | | 1 |
| | Other (specify) | | 240.00 | |
| _ | | | | |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 380.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 93 (check only one) X 11a 11b 11c 12 15 16 17 |
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| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any personess of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | ers PAC (I | HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) WESLEY P. MOORE, III | | | Date of Receipt |
| | Mailing Address P O Box 604 | | | 03 / 01 / 2006 |
| | City | State | Zip Code | Transaction ID: 13115189 |
| | Darlington FEC ID number of contributing federal political committee. | SC C | 29540-0604 | Amount of Each Receipt this Period |
| | Name of Employer W P Moore Agency | Occupation President | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 300.00 | |
| 3. | Full Name (Last, First, Middle Initial) JOHN C. PARKER | | | Date of Receipt |
| | Mailing Address 47 Laurel Hill Drive | | | 03 / 01 / 2006 |
| | City Niantic | State CT | Zip Code 06357-1536 | Transaction ID: 13115171 |
| | FEC ID number of contributing federal political committee. | C | 00007-1000 | Amount of Each Receipt this Period 90.00 |
| | Name of Employer Parker Agency | Occupation Principal | 1 | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 270.00 | |
| - C. | Full Name (Last, First, Middle Initial) JOSEPH K. ROBERTS | | | Date of Receipt |
| Mailing Address 7101 South 82nd Street | | | | 03 / 01 / 9 9 9 |
| | City | State NE | Zip Code | Transaction ID: 13115214 |
| | Lincoln FEC ID number of contributing federal political committee. | C | 68516-6574 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer Midlands Financial Benefi- ts | Occupation Registere | d Representative | |
| _ | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 550.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 240.00 |
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| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 16 / 93 (check only one) |
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| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | ters PAC (| HUPAC) | |
| Full Name (Last, First, Middle Initial) A. Michael R. Stephens Mailing Address 7712 South Yale Avenue Suite | | 0.4-00 | 2 | Date of Receipt |
| | | State | Zip Code | 03 / 01 / 2006 |
| | City Tulsa | OK | 74136-8226 | Transaction ID: 13269767 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 300.00 |
| | Name of Employer American Medical Security | Occupation Insurance | e Agent | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 300.00 | |
| 3. | Full Name (Last, First, Middle Initial) MARILYN A. VAN SANT | | | Date of Receipt |
| | Mailing Address 271 Route 46 West Suit | 03 / 01 / 4 4 4 4 4 | | |
| | City | State | Zip Code | Transaction ID: 13115245 |
| | Fairfield FEC ID number of contributing federal political committee. | C | 07004-2475 | Amount of Each Receipt this Period 85.00 |
| | Name of Employer Stratford Financial Group | Occupation Insurance | | |
| | Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 245.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) ELIZABETH ASHMORE | | | Date of Receipt |
| | Mailing Address 7606 University Avenue | Suite B | | 03 / 01 / Y Y Y Y Y Y Y |
| | City Lubbock | State TX | Zip Code 79423-2128 | Transaction ID: 13115115 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Ashmore Agency Inc | Occupation Insurance | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 300.00 | |
| S | UBTOTAL of Receipts This Page (optional) | | | 485.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 93 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Ar or | ny information copied from such Reports and Sta for commercial purposes, other than using the i | atements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwr | riters PAC (| HUPAC) | |
| A. | Full Name (Last, First, Middle Initial) THOMAS M EVANS Mailing Address 7261 Mercy Rd. City Omaha FEC ID number of contributing federal political committee. Name of Employer BlueCross Blue Shield of Nebraska Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) | State NE C Occupatio Insurance Aggregate | | Date of Receipt M M O 1 |
| 3. | BRUCE L. GARDNER Mailing Address 1502 West Avenue City Austin FEC ID number of contributing federal political committee. Name of Employer Bruce Gardner Insurance & Investments Receipt For: Primary General Other (specify) | | Zip Code 78701-1561 n ed Representative e Year-to-Date ▼ 240.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| D. | Full Name (Last, First, Middle Initial) LARRY KACZMAREK Mailing Address 6711 Berry Rd City Ravenna FEC ID number of contributing federal political committee. Name of Employer Kaczmarek Insurance Services Inc. Receipt For: Primary General Other (specify) | State OH C Occupation Insurance Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| s | UBTOTAL of Receipts This Page (optional) | |) | 260.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 93 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Ar or | y information copied from such Reports and State for commercial purposes, other than using the nar | ments may | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | ers PAC (| HUPAC) | |
| A. | The Harry A' Kách Company | State NE C Occupation Insurance Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 3. | Full Name (Last, First, Middle Initial) SHARON L MCDERMOTT Mailing Address 21425 Chancellor Road City Elkorn | State NE | Zip Code 68022-4677 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Divergified Renefite Group | Occupation President Aggregate | | 100.00 |
| C. | Palm Canyon Incurance Age. | State CA Ccupation | #2 Zip Code 92262 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 260.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 19 / 93 (check only one) |
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| An or | y information copied from such Reports and State for commercial purposes, other than using the nar | ements may me and add | not be sold or used by any persoress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| <u></u> | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwrite | ers PAC (I | HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) C.L. WESTMORELAND | | | Date of Receipt |
| | Mailing Address PO Box 925 | | | 03 01 2006 |
| | City | State | Zip Code | Transaction ID: 13115144 |
| | Jackson | MS | 39205-0925 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 85.00 |
| | American Public Life Incu- | Occupation | | 7 |
| | rance Company | | of Agency Development | 4 |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) ▼ | 0 0 | 255.00 | |
| ₹ | Full Name (Last, First, Middle Initial) DAVID R. PERRY | | | Date of Receipt |
| - | Mailing Address 1634 Ryan Street | | | 03 10 2006 |
| | City | State | Zip Code | Transaction ID: 13361017 |
| | Lake Charles | LA | 70601-5949 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 125.00 |
| | The Perry Adency Inc | Occupation President | | |
| | Receipt For: | | Year-to-Date ▼ | - |
| | Primary General | riggregate | | |
| | Other (specify) ▼ | 0 0 | 270.00 | |
| Э. | Full Name (Last, First, Middle Initial) KENNETH L. SCHMIDT | | | Date of Receipt |
| Mailing Address 1332 Hunters Hollow Court | | ırt | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State | Zip Code | Transaction ID: 13360998 |
| | <u>Eureka</u> | MO | 63025-1051 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 100.00 |
| | MCMOE | Occupation Benefits (| onsultant | |
| | Receipt For: | | Year-to-Date ▼ | 1 |
| | Primary General Other (specify) ▼ | 0 0 | 220.00 | |
| SI | UBTOTAL of Receipts This Page (optional) | | | 310.00 |
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| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 20 / 93 |
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| Ar | y information copied from such Reports and Sta | atements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwr | iters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) JOHN L WARWICK | | | Date of Receipt |
| | Mailing Address PO Box 272 1907 B Mangrove Ave. | | | 03 10 2006 |
| | City | State | Zip Code | Transaction ID: 13361028 |
| | Chico | CA | 95927-0272 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer John Warwick Insurance | Occupation | | |
| | Receipt For: | | e Year-to-Date ▼ | _ |
| | Primary General | riggrogato | Tour to Bute V | 1 |
| | Other (specify) ▼ | | 245.00 | |
| | | | | 4 |
| В. | Full Name (Last, First, Middle Initial) EUGENE D. EBERSOLE | | | Date of Receipt |
| | Mailing Address 405 Gretna Blvd, Suite | 103A | | M M / D D / Y Y Y Y |
| | | | | 03 10 2006 |
| | City | State | Zip Code | Transaction ID: 13360986 |
| | Gretna | LA | 70053-4900 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 100.00 |
| | federal political committee. | | | |
| | Name of Employer Ebersole & Associates In- | Occupation | า | |
| | Ebersole & Associates In- | Insurance | e Agent | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 220.00 | 1 |
| | Other (specify) | | 220.00 | J |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Bassint |
| C. | EUGENE D. EBERSOLE Mailing Address 405 Crotes Plvd Suits | 1024 | | Date of Receipt |
| | Mailing Address 405 Gretna Blvd, Suite 103A | | | 03 10 2006 |
| | City | State | Zip Code | Transaction ID: 13360988 |
| | Gretna | LA | 70053-4900 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 100.00 |
| | federal political committee. | С | | 100.00 |
| | Name of Employer Ebersole & Associates In- | Occupation | | |
| | <u>C.</u> | Insurance | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | ''' | 320.00 | |
| | Other (specify) | | 323.00 | 1 |
| | | | | |
| _ | LIDTOTAL of Develop Till Day (1911) | | | 275.00 |
| լ s | UBTOTAL of Receipts This Page (optional) | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 93 (check only one) X 11a 11b 11c 12 15 16 17 |
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| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | ers PAC (| HUPAC) | |
| A . | Full Name (Last, First, Middle Initial) DAVID L. FEAR Mailing Address 11160 Sun Center Drive City Rancho Cordova FEC ID number of contributing federal political committee. Name of Employer CIMS Strategic Distributi- | State CA | | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | on Division Receipt For: Primary General Other (specify) ▼ | | of Strategic Distribution P Year-to-Date ▼ 240.00 | |
| 3. | Full Name (Last, First, Middle Initial) JESSE A PATTON Mailing Address 2175 NW 86th St., Suite City | Date of Receipt M | | |
| | Des Moines FEC ID number of contributing federal political committee. | IA C | 50325-5557 | Amount of Each Receipt this Period 325.00 |
| | Name of Employer Associations Marketing Gr- oup_Inc. Receipt For: Primary General Other (specify) ▼ | Occupation CEO/Pre Aggregate | | |
| D . | Full Name (Last, First, Middle Initial) SCOTT A SHALEK Mailing Address PO Box 67 6817 Barnard Mill Rd. City Ringwood FEC ID number of contributing federal political committee. | State IL | Zip Code 60072-0067 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Employer Shalek Financial Services Receipt For: Primary General Other (specify) ▼ | Occupation Insurance Aggregate | | |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 1400.00 |
| т. | OTAL This Period (last page this line number onl | v) | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 22 / 93 (check only one) |
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| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwri | ters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) LISA HUGHES | | | Date of Receipt |
| | Mailing Address 549 Patton Avenue | | | 03 / 10 / Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 13361012 |
| | San Jose | CA | 95128 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 365.00 |
| | Name of Employer Warner Pacific Insurance Services | Occupation Sales | n | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General | 199.79 | | 1 |
| | Other (specify) ▼ | | 365.00 | |
| В. | Full Name (Last, First, Middle Initial) JOSEPH K. ROBERTS | | | Date of Receipt |
| | Mailing Address 7101 South 82nd Street | | | 03 15 2006 |
| | City | State | Zip Code | Transaction ID: 13419262 |
| | Lincoln | NE | 68516-6574 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 200.00 |
| | Name of Employer Midlands Financial Benefi- | Occupation | n ed Representative | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | | 750.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) JESSE A PATTON | | | Date of Receipt |
| | Mailing Address 2175 NW 86th St., Suite | 14 | | 03 15 2006 |
| | City | State | Zip Code | Transaction ID: 13418281 |
| | Des Moines | IA | 50325-5557 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer Associations Marketing Gr- | Occupation CEO/Pre | | |
| | oup Inc. | | | _ |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 790.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | . | 580.00 |

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| Any information copied from such Reports and Sta or for commercial purposes, other than using the n | itements may ame and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| National Association of Health Underwri | iters PAC (| HUPAC) | |
| Full Name (Last, First, Middle Initial) A. MICHAEL R. GROSS | | | Date of Receipt |
| Mailing Address 8575 West 100 St., Ste. | 102 | | 03 17 2006 |
| City | State | Zip Code | Transaction ID: 13451212 |
| Overland Park | KS | 66210-2620 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 150.00 |
| Name of Employer American Medical Security | Occupation | | |
| Receipt For: | | e Year-to-Date ▼ | - |
| Primary General | riggrogate | real to Bate V | 1 |
| Other (specify) ▼ | | 300.00 | |
| Full Name (Last, First, Middle Initial) 3. ALINE ROBERTS | | | Date of Receipt |
| Mailing Address 3537 Old Conejo Road, | M M / D D / Y Y Y Y | | |
| Maining Address 3537 Old Collejo Hoad, | 03 17 2006 | | |
| City | State | Zip Code | Transaction ID: 13451217 |
| Newbury Park | CA | 91320-6189 | Amount of Each Receipt this Period |
| FEC ID number of contributing | | | 100.00 |
| federal political committee. | C | | 100.00 |
| Name of Employer Insurance Dimensions | Occupation | | |
| | Insurance | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 345.00 | |
| Full Name (Last, First, Middle Initial) | | | + |
| CHARLES G. WAGNER | | | Date of Receipt |
| Mailing Address PO Box 9 | | | 03 17 2006 |
| City | State | Zip Code | Transaction ID: 13451218 |
| Burwell | NE | 68823-0009 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 100.00 |
| Name of Employer Town and Country Insurance | Occupation | n | 7 |
| Agency Inc | Presiden | t | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General | | 250.00 | 1 |
| Other (specify) | | 250.00 |] |
| | | | 350.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 93 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Ar | ny information copied from such Reports and State for commercial purposes, other than using the nar | ments may me and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | ers PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) DAVID L. FEAR Mailing Address 11160 Sun Center Drive 3 City Rancho Cordova FEC ID number of contributing federal political committee. | State CA | Zip Code 95670-6121 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | CIMS Strategic Distribution | | of Strategic Distribution e Year-to-Date ▼ 580.00 | |
| 3. | Full Name (Last, First, Middle Initial) Thomas L. Henry Mailing Address 19310 Sonoma Highway | | Date of Receipt 0 3 2 1 2 0 0 6 | |
| | City | State | Zip Code | Transaction ID: 13453158 |
| | Sonoma FEC ID number of contributing federal political committee. | CA | 95476-5454 | Amount of Each Receipt this Period 1000.00 |
| | PoolCaro Induránco Markot | | ecutive Officer Year-to-Date 1000.00 | |
| - . | Full Name (Last, First, Middle Initial) BRIAN W. LIECHTY | | | Date of Receipt |
| | Mailing Address 120 East Washington Stre | eet | | 03 / 23 / 2006 |
| | City Plymouth | State IN | Zip Code 46563-1744 | Transaction ID: 13469519 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | +0303-1744 | 75.00 |
| | KL Benefits | Occupation Insurance | e Agent | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 315.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 1415.00 |
| Т | OTAL This Period (last page this line number only | ۸) | | |

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 25 / 93 |
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| <u>~</u> | NAME OF COMMITTEE (In Full) | iamo ana aac | mode of any pointour committee t | o concil continuations from cach committee. |
| $ \rangle$ | National Association of Health Underwr | iters PAC (| HUPAC) | |
| | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Danaist |
| A. | A. JOHN C. PARKER Mailing Address 47 Laurel Hill Drive | | | Date of Receipt |
| | Walling Address 47 Laurer Hill Drive | | | 03 23 2006 |
| | City | State | Zip Code | Transaction ID: 13469520 |
| | Niantic CT | | 06357-1536 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer | Occupation | 1 | \dashv |
| | Parker Agency | Principal | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 345.00 | 7 |
| | Other (specify) 🔻 | 0 0 | | |
| _ | Full Name (Last, First, Middle Initial) | | | Patrick Provide |
| В. | MARILYN A. VAN SANT Mailing Address 271 Route 46 West Sui | Date of Receipt | | |
| | Walling Address 271 Houte 46 West Sul | 03 23 2006 | | |
| | City | State | Zip Code | Transaction ID: 13469521 |
| | Fairfield | NJ | 07004-2475 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 75.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupation | 1 | |
| | Stratford Financial Group | Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 320.00 | |
| | Carior (opening) | 0 0 | | _ |
| C- | Full Name (Last, First, Middle Initial) JOAN L GALLETTA | | | Date of Receipt |
| | Mailing Address 3342 Kori Road | | | M M / D D / Y Y Y Y |
| | | | | 03 28 2006 |
| | City | State | Zip Code | Transaction ID: 13505693 |
| | Jacksonville | FL | 32257 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 375.00 |
| | Name of Employer | Occupation | 1 | \dashv |
| | JP Perry Insurance, Inc. Insura Receipt For: Aggree | | e Agent | |
| | | | Year-to-Date ▼ | |
| Primary General | | ' ' | 495.00 | |
| | Other (specify) | | | _ |
| | - | | | 505.00 |
| S | UBTOTAL of Receipts This Page (optional) | | | 525.00 |
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| SCHEDULE A (FEC Form 3X) | 11 | FOR LINE NUMBER: PAGE 26/93 |
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| • | Use separate schedule(s) or each category of the | (check only one) |
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| Any information copied from such Reports and State or for commercial purposes, other than using the nar | ments may not be sold or used by any pone and address of any political committe | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | |
| National Association of Health Underwrite | rs PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) 4. JEFFREY GENNARO | | Date of Receipt |
| Mailing Address PO Box 10315 | | 03 / 28 / 2006 |
| City | State Zip Code | Transaction ID: 13749400 |
| Phoenix | AZ 87064 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 85.00 |
| Canitol Insurance Brokers | Occupation Insurance Agent | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 245.00 | · |
| Other (specify) | 245.00 | |
| Full Name (Last, First, Middle Initial) 3. MICHAEL D. GRAY | | Date of Receipt |
| Mailing Address 233 South 13th Street | | M M / D D / Y Y Y Y |
| Suite 1500 | 7. 0. 1 | 03 28 2006 |
| City | State Zip Code | Transaction ID: 13591682 |
| Lincoln | NE 68508-2017 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 80.00 |
| Name of Employer The Harry A. Koch Company | Occupation | |
| | nsurance Agent | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 680.00 | |
| Full Name (Last, First, Middle Initial) WESLEY P. MOORE, III | | Date of Receipt |
| Mailing Address P O Box 604 | | 03 28 2006 |
| City | State Zip Code | Transaction ID: 13592134 |
| Darlington | SC 29540-0604 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| W P Moore Agency | Occupation President | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 200.00 | · |
| Other (specify) | 320.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 185.00 |
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| $\overline{}$ | NAME OF COMMITTEE (In Full) | | 71 | | |
| \rangle | National Association of Health Underwrit | ers PAC (| HUPAC) | | |
| ۹. | Full Name (Last, First, Middle Initial) CHUB A. NEIMAN | | | Date of Receipt | |
| | Mailing Address 361 West Market Street P.O.Box 3 | | | M M / D D / Y 0 3 28 | 2006 |
| | City | State | Zip Code | Transaction ID: 13505688 | |
| | York | PA | 17401-1031 | Amount of Each Receipt this | Period |
| | FEC ID number of contributing federal political committee. | C | | | 250.00 |
| | Name of Employer Charles A. Neiman & Compa- | Occupation | | 1 | |
| | ny | Insurance | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) ▼ | 0 0 | 250.00 | | |
| 3. | Full Name (Last, First, Middle Initial) MEL A SCHLESINGER | | | Date of Receipt | |
| | Mailing Address PO Box 30100 | | | M M / D D / Y | 2006 |
| | City | State | Zip Code | Transaction ID: 13591862 | |
| | Winston Salem | NC | 27130-0100 | Amount of Each Receipt this | |
| | FEC ID number of contributing federal political committee. | C | | 7 III San Car Lacin Today Carlo | 20.00 |
| | Name of Employer The Rainmakers Group Inc. | Occupation Insurance | | 1 | |
| | Receipt For: | | Year-to-Date V | _ | |
| Primary General Other (specify) ▼ | | 33 13 | 180.00 | | |
| | Full Name (Last, First, Middle Initial) KENNETH L. SCHMIDT | | | Date of Receipt | |
| Mailing Address 1332 Hunters Hollow Court | | | | i | 2006 |
| MCM9E ' | | State | Zip Code | Transaction ID: 13591979 | |
| | | | 63025-1051 | Amount of Each Receipt this | |
| | | С | | | 20.00 |
| | | Occupation Bonofits (| n Consultant | - | |
| | Receipt For: | | Year-to-Date ▼ | 1 | |
| | Primary General | , iggi ogale | | | |
| | Other (specify) ▼ | | 240.00 | | |
| S | UBTOTAL of Receipts This Page (optional) | | | | 290.00 |
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| SCHEDULE A (FEC Form 3X) | | | 11 | FOR LINE NUMBER: PAGE 28 / 93 |
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| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
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| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| \ | NAME OF COMMITTEE (In Full) | arric aria ado | ress of any political committee to | Solicit contributions from such committee. |
| | National Association of Health Underwri | toro BAC (| HI IDAC\ | |
| | National Association of Health Onderwin | ieis PAC (| nurac) | |
| _ | Full Name (Last, First, Middle Initial) | | | 5. (5 |
| A. | CHARLES TROGDON | | | Date of Receipt |
| | Mailing Address 2950 E. Richmond | | | 03 28 2006 |
| | City | State | Zip Code | Transaction ID: 13505691 |
| | Fresno | CA | 93720 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 100.00 |
| | Name of Employer Gallagher Benefit Services | Occupation | 1 | \dashv |
| | Gallagher Bénefit Services | Insurance | e Agent | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 230.00 | 1 |
| | Other (specify) ▼ | | 230.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | DENNIS WRIGHT | | | Date of Receipt |
| | Mailing Address 111 East Ludwig Rd., St | uite 108 | | 03 28 2006 |
| | City | State | Zip Code | |
| | Ft. Wayne | IN | 46825-4240 | Transaction ID: 13506122 |
| | | IIN | 40023-4240 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | | 10 " | | _ |
| | Name of Employer IntraHealth Solutions In- | Occupation President | | |
| | c. Receipt For: | | Year-to-Date ▼ | _ |
| | Primary General | Aggregate | rear-to-Date V | 1 |
| | Other (specify) | | 240.00 | |
| | | | | 4 |
| C. | Full Name (Last, First, Middle Initial) DENNIS WRIGHT | | | Date of Receipt |
| | Mailing Address 111 East Ludwig Rd., St | uite 108 | | M M / D D / Y Y Y Y |
| | | | | 03 28 2006 |
| | City | State | Zip Code | Transaction ID: 13749397 |
| | Ft. Wayne | IN | 46825-4240 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 85.00 |
| | federal political committee. | | | |
| | Name of Employer IntraHealth Solutions In- | Occupation | | |
| | <u>C.</u> | President | | _ |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | , |
| | Other (specify) | | 325.00 | |
| | Cario (openiy) 🔻 | | | 1 |
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| s | UBTOTAL of Receipts This Page (optional) | | | 260.00 |
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| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 29 / 93 |
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| <u>~</u> | NAME OF COMMITTEE (In Full) | and duc | | 23.3.3 35.1.1.20.0.1.5 115111 30511 3011111111100. |
| \rangle | National Association of Health Underwrit | ers PAC (| HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) DONALD JONES | | | Date of Receipt |
| | Mailing Address 2435 E. VEntura Blvd. #F | = | | 03 / 28 / Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 13749359 |
| | Camarillo | CA | 93010-6697 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Donald M. Jones Ins. Serv- ices | Occupation Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 255.00 | |
| 3. | Full Name (Last, First, Middle Initial) SUE LARSEN | | | Date of Receipt |
| | Mailing Address 4995 Torero Rd. | | | 03 / 28 / 2006 |
| | City | State | Zip Code | Transaction ID: 13748577 |
| | Santa Barbara | CA | 93111-1925 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer Larsen Insurance | Occupation Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 175.00 | |
| | Other (specify) ▼ | 0 0 | | |
| Э. | Full Name (Last, First, Middle Initial) SUE LARSEN | | | Date of Receipt |
| | Mailing Address 4995 Torero Rd. | | | 03 / 28 / 2006 |
| | City | State | Zip Code | Transaction ID: 13878034 |
| | Santa Barbara | CA | 93111-1925 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 0.00 |
| | Name of Employer Larsen Insurance | Occupation Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | [MEMO ITEM] |
| | Primary ☐ General Other (specify) ▼ | | 175.00 | Refund(s) on Schedule B Totaling \$75.00 This chan- ges the YTD Total to \$175- .00 |
| s | UBTOTAL of Receipts This Page (optional) | | | 160.00 |
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| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUM | | |
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| or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | / not be sold or used by any perso dress of any political committee to | on for the purpose of solicit contributions | or soliciting contributions s from such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | National Association of Health Underwrite | ers PAC (| HUPAC) | | |
| | | (| , | | |
| | Full Name (Last, First, Middle Initial) | | | Data of Data | t |
| Α. | JESSE A PATTON | 4.4 | | Date of Rece | <u> </u> |
| | Mailing Address 2175 NW 86th St., Suite | 14 | | 03 | 28 2006 |
| | City | State | Zip Code | Transaction | ID: 13592137 |
| | Des Moines | IA | 50325-5557 | | ach Receipt this Period |
| | FEC ID number of contributing | | 1 1 1 1 1 | | |
| | federal political committee. | C | | | 20.00 |
| | Name of Employer Associations Marketing Gr- | Occupation | | | |
| | oup Inc. | CEO/Pre | | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | |
| | Other (specify) | ' ' | 810.00 | | |
| | | 0 0 | | 1 | |
| R | Full Name (Last, First, Middle Initial) ALBERTA Joan PRIEST | | | Date of Rece | aint |
| ٥. | Mailing Address 5725 Wood Drive SW | | | | D D / Y Y Y Y |
| | 3723 WOOD BING OW | | | 0 3 | 28 2006 |
| | City | State | Zip Code | Transaction | ID: 13594034 |
| | Albuquerque | NM | 87105 | Amount of Ea | ach Receipt this Period |
| | FEC ID number of contributing | С | | | 100.00 |
| | federal political committee. | 0 | | | |
| | Name of Employer AMP Consultants Inc. | Occupation | n | | |
| | AMP Consultants Inc. | Insurance | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | _ · · · | 265.00 |] [| |
| | Other (specify) | | 0 0 0 0 0 0 0 | 1 | |
| _ | Full Name (Last, First, Middle Initial) | | | Date (D | : |
| C. | KATHY M. RAINWATER Mailing Address 515 West Southwest Loo | ~ 000 | | Date of Rece | <u> </u> |
| | Mailing Address 515 West Southwest Loo | p 323 | | 03 | 28 2006 |
| | City | State | Zip Code | Transaction | ID: 13506091 |
| | Tyler | TX | 75701-9455 | | ach Receipt this Period |
| | FEC ID number of contributing | С | | | 280.00 |
| | federal political committee. | <u></u> | | | 200.00 |
| | Name of Employer Threlkeld & Company Insur- | Occupation | n | | |
| ance Executive Receipt For: Aggregation | | Executive | e Vice President | | |
| | | Aggregate | e Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | | | 380.00 | 1 | |
| | | | | J. | |
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| s | UBTOTAL of Receipts This Page (optional) | | | . L | 400.00 |
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| S | CHEDULE A (FEC Form 3X) | | Han an ann ann an | FOR LINE NUMBER: PAGE 31 / 93 |
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| | | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
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| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwrite | ers PAC (I | HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) KIRK ROUSE | | | Date of Receipt |
| | Mailing Address PO Box 71628 | | | 03 / 28 / 2006 |
| | City | State | Zip Code | Transaction ID: 13506112 |
| | Albany | GA | 31708-1628 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 375.00 |
| | Doherty Duggan & Rouse | Occupation | | |
| | Insurors Inc. Receipt For: | | Year-to-Date ▼ | - |
| | Primary General | 1.99.194 | | |
| | Other (specify) ▼ | 0 0 | 525.00 | |
| 3. | Full Name (Last, First, Middle Initial) JAMES STENGER | | | Date of Receipt |
| | Mailing Address 268 South Street | | | 03 28 2006 |
| | City | State | Zip Code | Transaction ID: 13749385 |
| | Morristown | NJ | 07960 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | NAS Einangial Sorvings | Occupation Principal | l | |
| | Receipt For: | | Year-to-Date ▼ | - |
| | Primary General | Aggregate | Teal-10-Date ▼ | |
| | Other (specify) ▼ | | 245.00 | |
|). | Full Name (Last, First, Middle Initial) JON W HICKS | | | Date of Receipt |
| Mailing Address 3620 Mountainside Drive | | | | 03 / 29 / 4 2006 |
| | City | State | Zip Code | Transaction ID: 13711847 |
| | Colorado Springs | CO | 80918 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 300.00 |
| | Name of Employer Hicks Benefit Group | Occupation | | |
| | Receipt For: | | Year-to-Date ▼ | 1 |
| | Primary General | 1.99.194 | | |
| | Other (specify) ▼ | | 340.00 | |
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| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 32/93 | |
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| or | ly information copied from such Reports and State for commercial purposes, other than using the na | me and add | dress of any political committee to | solicit contributions from such committee. | |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) | | | | |
| \rangle | National Association of Health Underwrite | ers PAC (| HUPAC) | | |
| ۹. | Full Name (Last, First, Middle Initial) Bill B. Mason | | | Date of Receipt | |
| | Mailing Address 721 South Parker Street, | | | 03 / 29 / 2006 | |
| | City | State | Zip Code | Transaction ID: 13682115 | |
| | Orange | CA | 92868-4732 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | |
| | Word & Brown Incurance Ad- | Occupation Insurance | | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| | Primary General | | 050.00 | | |
| | Other (specify) ▼ | 0 0 | 250.00 | | |
| 3. | Full Name (Last, First, Middle Initial) JOSEPH K. ROBERTS | | | Date of Receipt | |
| | Mailing Address 7101 South 82nd Street | | | 03 / 29 / Y Y Y Y Y Y Y | |
| | City | State | Zip Code | Transaction ID: 13711845 | |
| | Lincoln | NE | 68516-6574 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | С | | 132.00 | |
| | Name of Employer Midlands Financial Benefi- | Occupation | 1 | 7 | |
| | ts | | ed Representative | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | ''' | 882.00 | | |
| | Office (Specify) | 1 1 | 0 0 0 0 0 0 0 | | |
| Э. | Full Name (Last, First, Middle Initial) RYAN P. THORN | | | Date of Receipt | |
| | Mailing Address 10342 South Springcrest | Lane | | 03 29 2006 | |
| | City | State | Zip Code | Transaction ID: 13711851 | |
| | South Jordan | UT | 84095-4538 | Amount of Each Receipt this Period | _ |
| | FEC ID number of contributing federal political committee. | C | | 150.00 | |
| | Name of Employer | Occupation | 1 | 7 | |
| | Ryan P. Thorn Insurance Planning Inc. | Insurance | e Agent | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | _ · · · | 210.00 | | |
| | Other (specify) ▼ | 0 0 | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 532.00 | |
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| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) | | · | | | | | |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitations or for commercial purposes, other than using the hame and address of any political committion is solicit contributions. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) A. ALBERT J TRAVASOS Mailing Address 2255 Glades Road, Suite 420A City Boca Ration FL 33491-7379 FEC ID number of contributing federal political committee. Name of Employer John (Last, First, Middle Initial) A. ALBERT J TRAVASOS Mailing Address 2255 Glades Road, Suite 420A City FL 33491-7379 FEC ID number of contributing federal political committee. Name of Employer John (Last, First, Middle Initial) B. Carla R. Whatey Mailing Address 201 West Main Street 6th Floor City State Zip Code Transaction ID: 13711841 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C. Carla R. Whatey Mailing Address 201 West Main Street 6th Floor City State Zip Code Transaction ID: 13711843 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C. ChaRLES T GARTLAN Mailing Address PO Box 1268 City State Zip Code Transaction ID: 13711843 Amount of Each Receipt this Period Transaction ID: 13711843 Amount of Each Receipt this Period Transaction ID: 13711843 Amount of Each Receipt this Period Transaction ID: 13711843 Amount of Each Receipt this Period Transaction ID: 13711843 Amount of Each Receipt this Period Transaction ID: 13711843 Amount of Each Receipt this Period Transaction ID: 13711843 Amount of Each Receipt this Period Transaction ID: 13711843 Amount of Each Receipt this Period Transaction ID: 13711843 Amount of Each Receipt this Period Transaction ID: 13711843 Amount of Each Receipt this Period Transaction ID: 13711843 Amount of Each Receipt this Period | ITEMIZED RECEIPTS | | | | X 11a 11b 11c 12 | | |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | ers PAC (I | HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) Carol T Hayes | | | Date of Receipt |
| | Mailing Address 736 Johnson Ferry Road Building C Suite 200 | | | 03 29 7 2006 |
| | City Marietta | State GA | Zip Code 30068-4379 | Transaction ID: 13711857 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 1 | 365.00 |
| | Name of Employer Purchasing Alliance Solutions Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | erage Services Year-to-Date ▼ 365.00 | |
| 3. | Full Name (Last, First, Middle Initial) PATRICIA MILLER Mailing Address PO Box 8357 | | | Date of Receipt |
| | City Tyler FEC ID number of contributing federal political committee. | State TX | Zip Code 75711-8357 | 0 3 2 9 2 0 0 6 Transaction ID: 13711854 Amount of Each Receipt this Period 100.00 |
| | Name of Employer Hibbs-Hallmark & Company Receipt For: Primary General Other (specify) ▼ | Occupation Insurance Aggregate | | |
| C. | Full Name (Last, First, Middle Initial) KATHY M. RAINWATER | | | Date of Receipt |
| Mailing Address 515 West Southwest Loop | | р 323 | | 03 / 29 / 2006 |
| | City Tyler | | Zip Code 75701-9455 | Transaction ID: 13711853 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | C | | 100.00 |
| | Name of Employer Threlkeld & Company Insur- ance Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | Vice President Year-to-Date ▼ 480.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 565.00 |
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| or | for commercial purposes, other than using the na | ame and add | dress of any political committee to | solicit contributions from such committee. | | | | | |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | | | | | |
| \rangle | National Association of Health Underwrit | ers PAC (| HUPAC) | | | | | | |
| ۹. | Full Name (Last, First, Middle Initial) KATHY M. RAINWATER | | | Date of Receipt | | | | | |
| | Mailing Address 515 West Southwest Loc | p 323 | | 03 29 2006 | | | | | |
| | City | State | Zip Code | Transaction ID: 13878036 | | | | | |
| | Tyler | TX | 75701-9455 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 0.00 | | | | | |
| | Name of Employer Threlkeld & Company Insur- ance | Occupation Executive | vice President | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | [MEMO ITEM] | | | | | |
| | Primary General | | 480.00 | Refund(s) on Schedule B Totaling \$25.00 This chan- | | | | | |
| | Other (specify) ▼ | | 100.00 | ges the YTD Total to \$480- | | | | | |
| 3. | Full Name (Last, First, Middle Initial) RAYMER M SALE, JR | | | Date of Receipt | | | | | |
| | Mailing Address PO Box 424420 | | | M M / D D / Y Y Y Y | | | | | |
| | 1255 Lakes Pkwy Ste 12 | 20 Zip 300 State |)4 Zip Code | 03 29 2006 | | | | | |
| | City Lawrenceville | GA | 30042 | Transaction ID: 13681421 Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing | | 30042 | | | | | | |
| | federal political committee. | C | | 75.00 | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | |
| | E2E Benefits Services In- c. | Insurance | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| | Primary General | | 225.00 | 1 | | | | | |
| | Other (specify) ▼ | 0 0 | 0 0 0 0 0 0 | | | | | | |
| Э. | Full Name (Last, First, Middle Initial) WILLIAM Chester ANDERSON | | | Date of Receipt | | | | | |
| | Mailing Address 498 Palm Springs Drive | Suite 210 | | M M / D D / Y Y Y Y | | | | | |
| | | | 7'- 0-1- | 03 30 2006 | | | | | |
| | City Altamonte Springs | State FL | Zip Code 32701-7805 | Transaction ID: 13726216 Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing | | 027017000 | | | | | | |
| Name of Employer Benefit Port Occupa Marke | | C | | 30.00 | | | | | |
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| or | for commercial purposes, other than using the | name and add | iress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwi | riters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) KATHRYN ANDERSON | | | Date of Receipt |
| | Mailing Address P. O. Box 7648 | | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13726214 |
| | Tyler | TX | 75711-7648 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 80.00 |
| | federal political committee. | | | |
| | Name of Employer Strategies In Employee Be- | Occupation Insurance | | |
| | nefits Inc. Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 7 1991 09410 | Tour to Buto V | 1 |
| | Other (specify) ▼ | | 395.00 | |
| | | | | 4 |
| В. | Full Name (Last, First, Middle Initial) DAVID C. BENSON | | | Date of Receipt |
| ٥. | Mailing Address 6167 Bristol Parkway, # | ±370 | | M M / D D / Y Y Y Y |
| | | | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13686594 |
| | Culver City | CA | 90232 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 500.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupation | 1 | |
| | DCB Insurance Services | Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) | 0 0 | 1 1 1 1 1 1 1 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MICHAEL D. GRAY | | | Date of Receipt |
| J. | Mailing Address 233 South 13th Street | | | M M / D D / Y Y Y Y |
| | Suite 1500 | | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13726283 |
| | Lincoln | NE | 68508-2017 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 200.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer The Harry A. Koch Company | Occupation | | |
| | Receipt For: | Insurance | e Agent • Year-to-Date ▼ | \dashv |
| | Primary General | ~ggregale | Teal-to-Date ▼ | 1 |
| | Other (specify) | | 880.00 | |
| | | 0 0 | | 4 |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 780.00 |
| \vdash | ago (optional) | | | - |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 37 / 93 (check only one) |
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| | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | ers PAC (| HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) STEPHEN A GRIM Mailing Address PO Box 1105 | | | Date of Receipt |
| | Mailing Address PO Box 1105 City | State | Zip Code | 03 30 2006 |
| | Virginia Beach | VA | 23451-0105 | Transaction ID: 13752685 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Mid-Atlantic Agency Inc. | Occupation | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 245.00 | |
| 3. | Full Name (Last, First, Middle Initial) LISA HELLMAN | | | Date of Receipt |
| | Mailing Address 376 Overlook Point Drive | 03 / 30 / 4 2006 | | |
| | City | State | Zip Code | Transaction ID: 13726293 |
| | Dahlonega FEC ID number of contributing federal political committee. | GA C | 30533 | Amount of Each Receipt this Period 20.00 |
| | Name of Employer Benefit Designs | Occupation Insurance | | |
| | Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 205.00 | |
| | Full Name (Last, First, Middle Initial) JON W HICKS | | | Date of Receipt |
| Mailing Address 3620 Mountainside Drive | | | | 03 / 30 / 4 2006 |
| | City Colorado Springs | State CO | Zip Code 80918 | Transaction ID: 13752749 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 20.00 |
| | Name of Employer Hicks Benefit Group | Occupation Insurance | | _ |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 360.00 | |
| S | UBTOTAL of Receipts This Page (optional) | | | 125.00 |
| T | OTAL This Period (last page this line number on | ly) |) | |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 38 / 93 |
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| | • | | Use separate schedule(s) or each category of the | (check only one) |
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| Ar | y information copied from such Reports and St | atements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the | name and add | lress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwi | iters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) DONNA D. HILL | | | Date of Receipt |
| | Mailing Address PO Box 724 | | | 03 7 30 7 2006 |
| | City | State | Zip Code | Transaction ID: 13726299 |
| | Snellville | GA | 30078-0724 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer DDH Associates LLC | Occupation Health In: | n surance Agent | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 200.00 | 1 |
| | Other (specify) | 0 0 | 300.00 | |
| | | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 6868 Blue Hummingbir | | | 03 30 7 2006 |
| | 5075 Cascade Road SE | State | Zip Code | |
| | Belding | MI | 48809 | Transaction ID: 13752728 |
| | | IVII | 40009 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer | Occupation | 1 | + |
| | Collins & Associates Corp- | | of Employee Benefits | |
| | oration Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 00 0 | | 1 |
| | Other (specify) ▼ | 0 0 | 300.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | THELMA KACZMAREK | | | Date of Receipt |
| | Mailing Address PO Box 345 P O Box 345 | | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13726319 |
| | Ravenna | OH | 44266-1684 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Kaczmarek Ins. Services | Occupation | 1 | 7 |
| | Kaczmarek Ins. Services Agency Inc. | Insurance | e Agent | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | - | 475.00 | 1 |
| | Other (specify) | | 475.00 | |
| _ | | | | |
| | | | | 300.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ······································ | 300.00 |
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| SCHEDULE A (FEC Form | 3X) | Llea canarata cohadula(c) | FOR LINE NUMBER: PAGE 39 / 93 |
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| ITEMIZED RECEIPTS | , | Use separate schedule(s) or each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
| Any information copied from such Report or for commercial purposes, other than us | s and Statements may sing the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) National Association of Health L | | | |
| Full Name (Last, First, Middle Initial) JOHN A. KALOSY Mailing Address 11 Hollyhock W | ay | | Date of Receipt 0 3 |
| City Newton | State N J | Zip Code 07860 | Transaction ID: 13686592 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 1 | 365.00 |
| Name of Employer NJ Small Business Develop- ment Receipt For: Primary General Other (specify) ▼ | | n iness Manager e Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) ZAVEN KAZAZIAN Mailing Address 35 N Lake Avenue, #720 | | | Date of Receipt |
| City | State | Zip Code | 0 3 3 0 2 0 0 6 Transaction ID: 13752748 |
| <u>Pasadena</u> | CA | 91101-1856 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Garner Insurance Services | Occupation Insurance | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 210.00 | |
| Full Name (Last, First, Middle Initial) WESLEY P. MOORE, III | | | Date of Receipt |
| Mailing Address P O Box 604 | | | 0 3 |
| City | State | Zip Code | Transaction ID: 13726354 |
| <u>Darlington</u> | SC | 29540-0604 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 100.00 |
| Name of Employer W P Moore Agency | Occupation President | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 420.00 | |
| SUBTOTAL of Receipts This Page (opt | onal) | | 550.00 |
| TOTAL This Period (last page this line) | number only) |) | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 40 / 93 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | itements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwr | iters PAC (| HUPAC) | |
| A . | Full Name (Last, First, Middle Initial) MICHAEL A. NORRIS Mailing Address PO Box 999 295 E Palmer Street City Franklin FEC ID number of contributing federal political committee. Name of Employer Wayah Insurance Agency Receipt For: Primary General Other (specify) | | Zip Code 28744-0999 n Executive e Year-to-Date ▼ 205.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 3. | Full Name (Last, First, Middle Initial) JOHN C. PARKER Mailing Address 47 Laurel Hill Drive City Niantic FEC ID number of contributing federal political committee. Name of Employer Parker Agency Receipt For: Primary General Other (specify) | State CT C Occupation Principal Aggregate | Zip Code 06357-1536 n e Year-to-Date ▼ 435.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| D. | Full Name (Last, First, Middle Initial) DAVID R. PERRY Mailing Address 1634 Ryan Street City Lake Charles FEC ID number of contributing federal political committee. Name of Employer The Perry Agency, Inc. Receipt For: Primary General Other (specify) | State LA C Occupation President Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| s | UBTOTAL of Receipts This Page (optional) | |) | 150.00 |
| T | OTAL This Period (last page this line number o | nlv) | . | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 41 / 93 |
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| | ITEMIZED RECEIPTS | | or each category of the | (check only one) |
| •• | EMIZED RECEIL 10 | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Δ, | ny information copied from such Reports and Sta | atomonte may | y not be sold or used by any pers | , , , , , , , , , , , , , , , , , , , |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | o solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| National Association of Health Underwriters PAC (HUPAC) | | | | |
| Α. | Full Name (Last, First, Middle Initial) JEFFREY A. RANF | | | Date of Receipt |
| | Mailing Address 2600 Devali St, Suite 10 |)2 | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13686601 |
| | Anchorage | AK | 99502 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 365.00 |
| | Name of Employer Marsh USA, Inc. | Occupation SVP - En | n nployee Benefit | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 265.00 | 1 |
| | Other (specify) ▼ | 0 0 | 365.00 | |
| В. | Full Name (Last, First, Middle Initial) ALINE ROBERTS | | | Date of Receipt |
| | Mailing Address 3537 Old Conejo Road, Suite 114 | | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13752778 |
| | Newbury Park | CA | 91320-6189 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Insurance Dimensions | Occupation Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 430.00 | 7 |
| | Other (specify) 🔻 | 0 0 | 430.00 | |
| c. | Full Name (Last, First, Middle Initial) JOSEPH K. ROBERTS | | | Date of Receipt |
| | Mailing Address 7101 South 82nd Street | | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13726406 |
| | Lincoln | NE | 68516-6574 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 100.00 |
| | Name of Employer Midlands Financial Benefi- ts | Occupation Registere | n ed Representative | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 1 1 | 002.00 | 7 |
| | Other (specify) ▼ | | 982.00 | |
| s | UBTOTAL of Receipts This Page (optional) | |) | 550.00 |
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| 1 T | OTAL This Period (last page this line number of | niv) | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 42/93 | |
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| | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | |
| Any information copied from such Reports and Sta | tements may | not be sold or used by any perso | | |
| or for commercial purposes, other than using the n | ame and add | ress of any political committee to | solicit contributions from such committee. | |
| NAME OF COMMITTEE (In Full) | | | | |
| National Association of Health Underwri | iters PAC (I | HUPAC) | | |
| Full Name (Last, First, Middle Initial) A. ROBIN W. TELESCO | | | Date of Receipt | |
| Mailing Address 461 E 12100 South | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| City | State | Zip Code | Transaction ID: 13686599 | |
| Drapen | UT | 84020 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | С | | 365.00 | |
| Name of Employer Benefits Unlimited Insura- | Occupation | | | |
| nce Svcs., LL | Insurance | • | | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | , | |
| Other (specify) ▼ | | 365.00 | | |
| Full Name (Last, First, Middle Initial) RYAN P. THORN | | | Date of Receipt | |
| Mailing Address 10342 South Springcres | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | |
| City | State | Zip Code | Transaction ID: 13726445 | |
| South Jordan | UT | 84095-4538 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | | 20.00 | |
| Name of Employer Ryan P. Thorn Insurance | Occupation | 1 | | |
| Planning Inc. | Insurance | | | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | , | |
| Other (specify) ▼ | | 230.00 | | |
| Full Name (Last, First, Middle Initial) C. MARILYN A. VAN SANT | | | Date of Receipt | |
| Mailing Address 271 Route 46 West Sui | te G206 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | | | | |
| City | State | Zip Code | Transaction ID: 13726456 | |
| <u>Fairfield</u> | NJ | 07004-2475 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | | 85.00 | |
| Name of Employer Stratford Financial Group | Occupation | | | |
| | Insurance | e Agent Year-to-Date ▼ | _ | |
| Receipt For: Primary General | Aggregate | Teal-IU-Dale ▼ | 1 | |
| Other (specify) | 0 0 | 405.00 | | |
| SUBTOTAL of Receipts This Page (optional) | | | 470.00 | |
| TOTAL This Period (last page this line number or | alv) | | | |

| 0 | | [| | FOR LINE NUMBER: PAGE 43 / 93 |
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| 5 | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| IT | EMIZED RECEIPTS | or each category of the | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwri | iters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) CHARLES G. WAGNER | | | Date of Receipt |
| | Mailing Address PO Box 9 | | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13834614 |
| | Burwell | NE | 68823-0009 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer Town and Country Insurance Agency Inc Receipt For: Primary General Other (specify) | Occupation President Aggregate | | |
| | Full Name (Last, First, Middle Initial) | 0 0 | 0 0 0 0 0 0 0 | 1 |
| В. | | | | Date of Receipt |
| | Mailing Address PO Box 272 1907 B Mangrove Ave. | | 03 | |
| | City | State | Zip Code | Transaction ID: 13752750 |
| | Chico | CA | 95927-0272 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer John Warwick Insurance | Occupation Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 330.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) JENNIFER L. WENKE | | | Date of Receipt |
| | Mailing Address 1395 Panther Lane, Suit | te 100 | | 03 |
| | City | State | Zip Code | Transaction ID: 13686596 |
| | Naples | FL | 34109 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 365.00 |
| | Name of Employer Lutgert Smith Lesher Insurance Inc. Receipt For: Primary General Other (specify) | | mer Service Rep - L & H Year-to-Date ▼ 365.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 500.00 |
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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 44 / 93 (check only one) |
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| | EMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwri | ters PAC (| HUPAC) | |
| <u>′</u> ۵. | Full Name (Last, First, Middle Initial) ELIZABETH ASHMORE | | | Date of Receipt |
| | Mailing Address 7606 University Avenue | | | 03 / 30 / 2006 |
| | City Lubbock | State TX | Zip Code 79423-2128 | Transaction ID: 13726217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 10.100 | 100.00 |
| | Name of Employer Ashmore Agency Inc | Occupation Insurance | e Agent | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 400.00 | |
| 3. | Full Name (Last, First, Middle Initial) DAVID A BERMAN | | | Date of Receipt |
| | Mailing Address 6510 N. Shadeland Aver | 03 / 30 / 2006 | | |
| | City | State | Zip Code | Transaction ID: 13726223 |
| | Indianapolis FEC ID number of contributing federal political committee. | C | 46220 | Amount of Each Receipt this Period 60.00 |
| | Name of Employer Neace Lukens Holding Comp- any Inc. | Occupation Insurance | e Agent | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | |
| | Full Name (Last, First, Middle Initial) B CALVIN | | | Date of Receipt |
| | Mailing Address PO Box 101422 | | | 03 / 30 / 4 2006 |
| | City Anchorage | State AK | Zip Code 99510-1422 | Transaction ID: 13726238 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 33310 1422 | 40.00 |
| | Name of Employer Calco Inc. | Occupation Insurance | e Agent | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 220.00 | |
| S | UBTOTAL of Receipts This Page (optional) | | | 200.00 |
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| SCHEDULE A (FEC Form 3X) | Llas sanarata sahadula(s) | FOR LINE NUMBER: PAGE 45 / 93 | | | |
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| Any information copied from such Reports and Statemer or for commercial purposes, other than using the name a | nts may not be sold or used by any perso and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| NAME OF COMMITTEE (In Full) | | | | | |
| National Association of Health Underwriters | PAC (HLIPAC) | | | | |
| National Association of Health Oriderwriters | AC (101 AC) | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| A. RUSSELL B. CHILDERS | | Date of Receipt | | | |
| Mailing Address PO Box 1547 | | M M / D D / Y Y Y Y | | | |
| 0.1 | . 7: 0 ! | 03 30 2006 | | | |
| • | ate Zip Code | Transaction ID: 13726243 | | | |
| Americus G | A 31709-1547 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | | 30.00 | | | |
| rederal political confinitiee. | | | | | |
| Name of Employer Russ Childers CLU | upation | 7 | | | |
| Russ Childers CLU Ins | urance Agent | | | | |
| | gregate Year-to-Date ▼ | | | | |
| Primary General | 205.00 | | | | |
| Other (specify) ▼ | 203.00 | | | | |
| E HALL (I A FI A ACH I I SI I) | | | | | |
| Full Name (Last, First, Middle Initial) B. EUGENE D. EBERSOLE | | Date of Receipt | | | |
| Mailing Address 405 Gretna Blvd, Suite 103A | | M M / D D / Y Y Y Y | | | |
| Too Groting Biva, Gaile 1007t | 03 30 2006 | | | | |
| City | ate Zip Code | Transaction ID: 13726264 | | | |
| Gretna L | A 70053-4900 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing | | 70.00 | | | |
| federal political committee. | | 70.00 | | | |
| Name of Employer | upation | - | | | |
| Fharenia & Associates In- | urance Agent | | | | |
| <u>v.</u> | gregate Year-to-Date | - | | | |
| Primary General | | | | | |
| Other (specify) ▼ | 390.00 | | | | |
| | | 1 | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| C. THOMAS M EVANS | | Date of Receipt | | | |
| Mailing Address 7261 Mercy Rd. | | 03 30 2006 | | | |
| City Si | ate Zip Code | Transaction ID: 13726269 | | | |
| Omaha N | • | Amount of Each Receipt this Period | | | |
| FFC ID sumbay of contributing | | Amount of Each receipt this remod | | | |
| FEC ID number of contributing federal political committee. | | 80.00 | | | |
| | | | | | |
| BlueCross Blue Shield of | upation | | | | |
| <u>Nebraska</u> Ins | urance Agent | 4 | | | |
| | gregate Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | 320.00 | | | | |
| Caro (openi) 🔻 | | | | | |
| | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | 180.00 | | | |
| COLORIDA TITO T AGO (Optional) | | | | | |
| TOTAL This Period (last page this line number only) | | | | | |

| S | CHEDULE A (FEC Form 3X) | | Harris and a sale and date (a) | FOR LINE NUMBER: PAGE 46 / 93 |
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| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EINIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
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| Ar | ny information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| 01 | NAME OF COMMITTEE (In Full) | arric aria add | iress of any political committee to | Solicit contributions from such committee. |
| | National Association of Health Underwri | toro DAC (| LITIDAC) | |
| / | National Association of Health Onderwin | leis PAC (| HUPAC) | |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | | | | Date of Receipt |
| | Mailing Address 11160 Sun Center Drive | Suite A | | 03 30 7 2006 |
| | City | State | Zip Code | Transaction ID: 13726271 |
| | Rancho Cordova | CA | 95670-6121 | Amount of Each Receipt this Period |
| | | | 00070 0121 | |
| | FEC ID number of contributing federal political committee. | C | | 55.00 |
| | Name of Employer | Occupation | <u> </u> | _ |
| | Name of Employer CIMS Strategic Distributi- | | of Strategic Distribution | |
| | on Division Receipt For: | 1 | Year-to-Date ▼ | |
| | Primary General | 1.99.194 | | 1 |
| | Other (specify) ▼ | l | 635.00 | |
| | | | | 1 |
| В. | Full Name (Last, First, Middle Initial) BRUCE L. GARDNER | | | Date of Receipt |
| ٥. | Mailing Address 1502 West Avenue | | | M M / D D / Y Y Y Y |
| | 1302 4463(7446)146 | | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13726276 |
| | Austin | TX | 78701-1561 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 80.00 |
| | federal political committee. | C | | 00.00 |
| | Name of Employer | Occupation | 1 | 7 |
| | Bruce Gardner Insurance & Investments | | ed Representative | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 1 1 | 000.00 | 1 |
| | Other (specify) ▼ | 0 0 | 320.00 | |
| | Full Name (Last, First, Middle Initial) | | | |
| C. | SHEILA HARTMAN | | | Date of Receipt |
| | Mailing Address 21300 Victory Blvd., Sui | te 215 | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13752722 |
| | Woodland Hills | CA | 91367-3669 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 100.00 |
| | federal political committee. | C | | 100.00 |
| | Name of Employer Financial Independence Co- | Occupation | | |
| | mpany | Insurance | | _ |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | 1 | 300.00 | |
| | Other (specify) | | | 1 |
| | | | | |
| , | UBTOTAL of Receipts This Page (optional) | | | 235.00 |
| \vdash | ODITION OF THE OFFICE THIS FAGE (OPTIONAL) | | | |
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| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 47 / 93 |
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| | ITEMIZED RECEIPTS | | or each category of the | (check only one) |
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| Δ, | ny information copied from such Reports and Sta | tomonte may | y not be cold or used by any perce | |
| or | for commercial purposes, other than using the na | ame and ado | dress of any political committee to | osolicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwri | ters PAC (| HUPAC) | |
| Α. | | | | Date of Receipt |
| | Mailing Address 1605 S Eucalyptus Ave | | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13726294 |
| | Broken Arrow | OK | 74012-5906 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Business Planning Group | Occupation Insurance | | |
| | Of OK Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 39 - 3 | | 1 |
| | Other (specify) ▼ | | 250.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 4435 O Street | | | M M / D D / Y Y Y |
| | P.O. Box 30275 | Otata | 7in Onda | 03 30 2006 |
| | City Lincoln | State NE | Zip Code | Transaction ID: 13726300 |
| | | INE | 68510-1842 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 60.00 |
| | Name of Employer UNICO Financial Services | Occupation | | |
| | Inc. Receipt For: | Insurance | e Agent • Year-to-Date ▼ | |
| | Primary General | Aygregate | r rear-to-Date V | 1 |
| | Other (specify) | | 240.00 | |
| | | | | d |
| C. | Full Name (Last, First, Middle Initial) LARRY KACZMAREK | | | Date of Receipt |
| | Mailing Address 6711 Berry Rd | | | M M / D D / Y Y Y Y |
| | - | | - | 03 30 2006 |
| | City Ravenna | State OH | Zip Code | Transaction ID: 13726318 |
| | | On | 44266-1684 | Amount of Each Receipt this Period |
| | federal political committee. | C ID number of contributing eral political committee. | | 100.00 |
| | Name of Employer Kaczmarek Insurance Servi- | Occupation | | |
| | ces Inc. | Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 475.00 | |
| | | | | 1 |
| | | | | 200.00 |
| s | UBTOTAL of Receipts This Page (optional) | | | 260.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 93 (check only one) X 11a 11b 11c 12 |
|-------------|---|---|--|---|
| An | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any perso | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\frac{}{}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | | | Solidit contributions from Sacri committee. |
| Α. | Full Name (Last, First, Middle Initial) MICHAEL KIELIAN Mailing Address PO Box 45279 City Omaha FEC ID number of contributing federal political committee. Name of Employer The Harry A. Koch Company Receipt For: Primary General Other (specify) | State NE C Occupation Insurance Aggregate | | Date of Receipt M M M / 30 / 2006 Transaction ID: 13726322 Amount of Each Receipt this Period 80.00 |
| 3. | Full Name (Last, First, Middle Initial) SHARON L MCDERMOTT Mailing Address 21425 Chancellor Road City Elkorn FEC ID number of contributing federal political committee. Name of Employer Diversified Benefits Group Inc Receipt For: Primary General Other (specify) | State NE C Occupation President Aggregate | | Date of Receipt M M A 2006 Transaction ID: 13726345 Amount of Each Receipt this Period 100.00 |
| C. | Full Name (Last, First, Middle Initial) JOHN M. RICE Mailing Address 300 N. Dakota Ave, Suite City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Rice Insurance Agency Inc. Receipt For: Primary General Other (specify) | State SD C Occupation Insurance | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| s | UBTOTAL of Receipts This Page (optional) | |) | 3180.00 |
| T | OTAL This Period (last page this line number on | ly) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 49 / 93 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Ar or | y information copied from such Reports and Stater for commercial purposes, other than using the nam | ments may ne and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | rs PAC (| HUPAC) | |
| Α. | Palm Canyon Insurance Agency | State CA Ccupation | #2 Zip Code 92262 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Primary General Other (specify) ▼ | 93.53 | 320.00 | |
| 3. | Biggs Insurancé Services | State WA C Occupation nsurance Aggregate | | Date of Receipt M M J D D Z D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 2. | Full Name (Last, First, Middle Initial) THOMAS L VOITER Mailing Address 100 Amaryllis Drive City Lafayette FEC ID number of contributing federal political committee. Name of Employer | State LA C | Zip Code 70503-3215 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | 1100 | nsurance Aggregate | e Agent Year-to-Date ▼ 240.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 210.00 |
| T | OTAL This Period (last page this line number only |) | > | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 93 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Ar or | ny information copied from such Reports and Sta for commercial purposes, other than using the | atements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwr | riters PAC (| HUPAC) | |
| A. | Full Name (Last, First, Middle Initial) C.L. WESTMORELAND Mailing Address PO Box 925 City Jackson FEC ID number of contributing federal political committee. Name of Employer American Public Life Insurance Company Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) | | Zip Code 39205-0925 n of Agency Development e Year-to-Date ▼ 340.00 | Date of Receipt M M J D D J D J D J D D D D D D D D D D |
| 3. | TREI WILD Mailing Address 3724 Hearst Castle City Plano FEC ID number of contributing federal political committee. Name of Employer Safeguard Health Plans Receipt For: Primary General Other (specify) | State TX C Occupatio Insurance Aggregate | | Date of Receipt M M |
| D. | Full Name (Last, First, Middle Initial) PAULA L WILSON Mailing Address PO Box 892740 City Temecula FEC ID number of contributing federal political committee. Name of Employer Paula L. Wilson Inc. Receipt For: Primary General Other (specify) | State CA C Occupation Insurance Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| s | UBTOTAL of Receipts This Page (optional) | | | 1110.00 |
| T | OTAL This Period (last page this line number o | only) | | |

| COUEDINE A (EEC Form 2V) | | | | FOR LINE NUMBER: PAGE 51 / 93 |
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| 5 | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| IT | EMIZED RECEIPTS | or each category of the | | X 11a 11b 11c 12 |
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| Δ, | y information copied from such Reports and Sta | tomonto mo | ract be cold or used by any person | |
| or | for commercial purposes, other than using the n | ame and add | rnot be sold of used by any perso Iress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | National Association of Health Underwri | ters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) GREG A YODER | | | Date of Receipt |
| | Mailing Address 1055 Minnesota Avenue | | | 03 / 30 / 2006 |
| | City | State | Zip Code | Transaction ID: 13752770 |
| | San Jose | CA | 95125-2451 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Ray Silva Insurance Associates Inc. | Occupation Insurance | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | , |
| | Other (specify) ▼ | | 300.00 | |
| В. | Full Name (Last, First, Middle Initial) JANT TRAUTWEIN-STOKES | | | Date of Receipt |
| | Mailing Address 2000 N 14th Street | | | 03 30 2006 |
| | City | State | Zip Code | Transaction ID: 13726452 |
| | Arlington | VA | 22201 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 85.00 |
| | Name of Employer NAHU | Occupation Executive | n e VP, CEO | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | 0 0 | 205.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | D. (D.) |
| C. | KEERRY D ALDRIDGE | 100 | | Date of Receipt |
| | Mailing Address 1501 N Limestone, Suite | 100 | | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13753115 |
| | Lexington | KY | 40505-3200 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 80.00 |
| | Name of Employer CKBS Insurance Group | Occupation Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 30 0 11 | | 1 |
| | Other (specify) ▼ | | 240.00 | |
| | | | | |
| | IIDTOTAL of December This December 1 | | | 265.00 |
| hill | UBTOTAL of Receipts This Page (optional) | | | |

| S | CHEDULE A (FEC Form 3X) | | Llea caparata cabadula(c) | FOR LINE NUMBER: PAGE 52 / 93 |
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| ITEMIZED RECEIPTS | | Use separate schedule(s or each category of the | | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwri | ters PAC (| HUPAC) | |
| A. | Full Name (Last, First, Middle Initial) DAVID BAKER | | | Date of Receipt |
| | Mailing Address 2646 Highway Avenue | | | 03 / 31 / 2006 |
| | City | State | Zip Code | Transaction ID: 13686802 |
| | <u>Highland</u> | IN | 46322-1661 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Professional Insurance Mg- | Occupation | | 1 |
| | t. Co Receipt For: | | e Year-to-Date ▼ | |
| | Primary General | 30 0 | | 1 |
| | Other (specify) ▼ | 0 0 | 250.00 | |
| В. | Full Name (Last, First, Middle Initial) TRACY Q BRADFORD | | | Date of Receipt |
| | Mailing Address 866 Ridgeway Loop Rd. | 03 31 2006 | | |
| | City | State | Zip Code | Transaction ID: 13750592 |
| | Little Rock | AR | 72221 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Clay & Land Insurance, In- | Occupation Agent | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 400.00 | 1 |
| | Other (specify) | 0 0 | 400.00 | |
| <u>с.</u> | Full Name (Last, First, Middle Initial) JOAN L GALLETTA | | | Date of Receipt |
| | Mailing Address 3342 Kori Road | | | M M / D D / Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR80642816348 |
| | Jacksonville | FL | 32257 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 20.00 |
| | Name of Employer JP Perry Insurance, Inc. | Occupation Insurance | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | 7 |
| | Primary General | | 515.00 | P/R Deduction (\$20.00 Wee- |
| | Other (specify) | | 313.00 | kly) |
| s | UBTOTAL of Receipts This Page (optional) | | | 370.00 |
| | | | <u> </u> | |

SCHEDULE A (FEC Form 3X)

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 53 / 93 |
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| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
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| Δr | ny information copied from such Reports and St | atomonte may | y not be sold or used by any person | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | o solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwi | riters PAC (| HUPAC) | |
| A. | | | | Date of Receipt |
| | Mailing Address 3342 Kori Road | | | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13750563 |
| | Jacksonville | FL | 32257 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 20.00 |
| | Name of Employer JP Perry Insurance, Inc. | Occupation Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | - | 535.00 | 1 |
| | Other (specify) | 0 0 | 333.00 | |
| В. | Full Name (Last, First, Middle Initial) GERARD GERSHONOWITZ | | | Date of Receipt |
| | Mailing Address 980 Broadway, Suite 60 | 08 | | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13750695 |
| | Thornwood | NY | 10594-1313 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer Morrell Consulting Group | Occupation | | |
| | Inc. Receipt For: | Insurance Aggregate | Year-to-Date ▼ | _ |
| | Primary General | 1.99.19 | | 1 |
| | Other (specify) ▼ | 0 0 | 225.00 | |
| C. | Full Name (Last, First, Middle Initial) THOMAS M HARTE | | | Date of Receipt |
| | Mailing Address 20 Mary E Clark Drive, | #10 | | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13753121 |
| | Hampstead | NH | 03841 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 80.00 |
| | Name of Employer Landmark Benefits Inc. | Occupation Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | 1 1 | 240.00 | 1 |
| | Other (specify) | 0 0 | 2-70.00 | 1 |
| s | UBTOTAL of Receipts This Page (optional) | |) | 175.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 54 / 93 (check only one) X 11a 11b 11c 12 |
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| An | y information copied from such Reports and Star for commercial purposes, other than using the na | tements may | not be sold or used by any person | n for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) National Association of Health Underwri | | | solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) KAREN T KANE Mailing Address 829 SE 182nd Aven, #10 City Portland FEC ID number of contributing federal political committee. Name of Employer Insurance Solutions NW Inc. Receipt For: Primary General | State OR C Occupation Account | | Date of Receipt M M A 2006 Transaction ID: 13686797 Amount of Each Receipt this Period 150.00 |
| 3. | Full Name (Last, First, Middle Initial) MARK KENNEDY Mailing Address 1173 Brittmoore Road City Houston FEC ID number of contributing federal political committee. Name of Employer Benefit Concepts Inc. | State TX C | Zip Code 77043-5003 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Agent Year-to-Date ▼ 240.00 | |
| C. | Full Name (Last, First, Middle Initial) ROSS W KRAFT Mailing Address 41 Notre Dame Lane City Utica FEC ID number of contributing federal political committee. Name of Employer Meridian Group of New Yor- k, Inc. Receipt For: Primary General Other (specify) | State NY C Occupation President Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SI | JBTOTAL of Receipts This Page (optional) | | | 310.00 |
| T | OTAL This Period (last page this line number or | ıly) |) | |

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| Ar | ny information copied from such Reports and State | ments may | not be sold or used by any perso | |
| or | for commercial purposes, other than using the nar | me and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | National Association of Health Underwrite | ers PAC (| HUPAC) | |
| \angle | Full Nicosa (Lock First Afficial Letter) | | | |
| Α. | Full Name (Last, First, Middle Initial) CHERYL LOMBARDI | | | Date of Receipt |
| | Mailing Address 1331 North California Blv | d. Ste 30 | | M M / D D / Y Y Y Y |
| | | | | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13750579 |
| | Walnut Creek | CA | 94596-4536 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 80.00 |
| | federal political committee. | | | |
| | Name of Employer Claremont Insurance Servi- | Occupation | ı | 7 |
| | ces | Insurance | <u> </u> | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | ' ' | 240.00 | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 0 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | , | | | Date of Receipt |
| | Mailing Address 301 Madison Avenue, 4th | Floor | | M " M / D " D / Y " Y " Y " Y |
| | City | State | Zip Code | |
| | New York | NY | 10017-8103 | Transaction ID: PR80680966348 |
| | | INI | 10017-0103 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 80.00 |
| | | | | |
| | The Medical Link Inc | Occupation | | |
| | Receipt For: | President | Year-to-Date ▼ | - |
| | Primary General | Aggregate | Teal to Date V | P/R Deduction (\$80.00 Wee- |
| | Other (specify) ▼ | | 235.00 | kly) |
| _ | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Possint |
| U. | MAURICE LYONS Mailing Address 301 Madison Avenue, 4th | Eleor | | Date of Receipt |
| | Walling Address 501 Madison Avenue, 4th | FIOOI | | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13750574 |
| | New York | NY | 10017-8103 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 80.00 |
| | federal political committee. | <u> </u> | | |
| | Name of Employer The Medical Link Inc. | Occupation | 1 | 7 |
| | | President | | _ |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | ' ' | 315.00 | |
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| s | UBTOTAL of Receipts This Page (optional) | | . | 240.00 |
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| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 56 / 93 | |
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| Δr | ny information copied from such Reports and St | atements may | not he sold or used by any nerso | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | National Association of Health Underw | riters PAC (| HUPAC) | |
| <u>/_</u> | Full Name (Last, First, Middle Initial) | | | |
| A. | , , , | | | Date of Receipt |
| | Mailing Address 5495 Belt Line Road, S | uite 155 | | M " M / D " D / Y " Y " Y " Y |
| | City | State | Zip Code | Transaction ID: PR80682266348 |
| | Maitland | FL | 32751-5784 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 100.00 |
| | federal political committee. | C | | 100.00 |
| | Name of Employer Benefits Division Inc. | Occupation | | |
| | Receipt For: | Insurance | e Agent e Year-to-Date V | _ |
| | Primary General | Aggregate | 1 1 1 1 1 1 | P/R Deduction (\$100.00 We- |
| | Other (specify) ▼ | | 295.00 | ekly) |
| _ | | | | |
| В. | Full Name (Last, First, Middle Initial) DALE W MALONEY | | | Date of Receipt |
| | Mailing Address 5495 Belt Line Road, S | uite 155 | | M M / D D / Y Y Y Y |
| | 011 | 01-1- | 7'- 0-4- | 03 31 2006 |
| | City Maitland | State FL | Zip Code | Transaction ID: 13750534 |
| | | | 32751-5784 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer | Occupation | <u> </u> | - |
| | Name of Employer Benefits Division Inc. | Insurance | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 395.00 | |
| | Other (specify) ▼ | 0 0 | 333.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | 1 |
| C. | RICHARD C. SCARBORO | | | Date of Receipt |
| | Mailing Address 39 Terrace Drive | | | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13686779 |
| | Weaverville | NC | 28787 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 250.00 |
| | federal political committee. | <u> </u> | | |
| | Name of Employer Blue Ridge Benefit Soluti- | Occupation | | |
| | ons Inc. | Insuranc | | _ |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , [|
| | Other (specify) | | 310.00 | |
| _ | | | 4 | |
| | | | | 450.00 |
| S | SUBTOTAL of Receipts This Page (optional) | | ······ | |
| Т | OTAL This Period (last page this line number of | only) | | |
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| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 57 / 93 (check only one) |
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| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | ters PAC (| HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) MEL A SCHLESINGER Mailing Address PO Box 30100 | | | Date of Receipt |
| | City | State | Zip Code | 0 3 3 1 2 0 0 6 Transaction ID: 13753082 |
| | Winston Salem | NC | 27130-0100 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer The Rainmakers Group Inc. | Occupation Insurance | e Agent | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 265.00 | |
| 3. | Full Name (Last, First, Middle Initial) MEL A SCHLESINGER | | | Date of Receipt |
| | Mailing Address PO Box 30100 | | | 03 / 31 / Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 13878039 |
| | Winston Salem | NC | 27130-0100 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 0.00 |
| | Name of Employer The Rainmakers Group Inc. | Occupation | e Agent | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 265.00 | [MEMO ITEM] Refund(s) on Schedule B Totaling \$25.00 This changes the YTD Total to \$265- |
|) . | Full Name (Last, First, Middle Initial) JAMES D SCHULZ | | | Date of Receipt |
| | Mailing Address 7101 S. 82nd Street | | | 03 / 31 / Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 13753100 |
| | Lincoln | NE | 68516-6574 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 80.00 |
| | Name of Employer Midlands Financial Benefi- ts | Occupation Insurance | e Agent | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 240.00 | |
| SI | UBTOTAL of Receipts This Page (optional) | | | 165.00 |
| T | OTAL This Period (last page this line number on | ly) |) | |

| S(| CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 58 / 93 |
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| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| | LIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
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| or | y information copied from such Reports and Staten for commercial purposes, other than using the nam | nents may ne and add | ress of any political committee to | solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwriter | rs PAC (I | HUPAC) | |
| _ | | | | |
| ۹. | Full Name (Last, First, Middle Initial) PAUL SMITH | | | Date of Receipt |
| | Mailing Address 169 Hawthorne Drive | | | M M / D D / Y Y Y Y |
| | | | | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13686792 |
| | <u>Berlin</u> | CT | 06457 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 100.00 |
| | Name of Employer Control AmeriBen Alliance LLC | Occupation | 1 | 7 |
| | AmeriBen Alliańce LLC | nsurance | e Agent | |
| | | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 260.00 | |
| | Other (specify) ▼ | 0 0 | | |
| 3. | Full Name (Last, First, Middle Initial) JAMES F. SUMMERS | | | Date of Receipt |
| | Mailing Address 15316 Pine | | | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13686781 |
| | Omaha | NE | 48144 | Amount of Each Receipt this Period |
| | FEC ID accept on of a catallaction | | | |
| | federal political committee. | C | | 250.00 |
| | Name of Employer | Occupation | 1 | - |
| | Senior Market Sales Inc | nsurance | | |
| | · · · · · · · · · · · · · · · · · · · | | Year-to-Date ▼ | 7 |
| | Primary General | 1 1 | 350.00 | |
| | Other (specify) ▼ | 0 0 | 330.00 | |
| ` | Full Name (Last, First, Middle Initial) ALBERT J TRAVASOS | | | Date of Receipt |
| J . | Mailing Address 2255 Glades Road, Suite 4 | 120A | | M M / D D / Y Y Y Y |
| | | 12071 | | |
| | City | State | Zip Code | Transaction ID: PR80740356348 |
| | Boca Raton | FL | 33431-7379 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 45.00 |
| | |) | | - |
| Name of Employer Occupation John Hancock Inquire new York Company of the Inquire new York Comp | | occupation nsurance | | |
| | | | Year-to-Date ▼ | - |
| | Primary General | 33 13 | | P/R Deduction (\$45.00 Wee- |
| | Other (specify) ▼ | | 690.00 | kly) |
| | I | | | 395.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ······ | 395.00 |
| T | OTAL This Period (last page this line number only) | | _ | |

SCHEDULE A (FEC Form 3X)

| S | CHEDULE A (FEC Form 3X) | | Llan apparate ashadisla(s) | FOR LINE NUMBER: PAGE 59 / 93 | |
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| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) | |
| | LIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 | _ |
| ۸۰ | y information copied from such Reports and State | omente me | unot be sold or used by any name | n for the purpose of soliciting contributions | _ |
| or | for commercial purposes, other than using the na | ime and add | dress of any political committee to | solicit contributions from such committee. | |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | | ٦ |
| \rangle | National Association of Health Underwrite | ers PAC (| HUPAC) | | |
| ۸. | Full Name (Last, First, Middle Initial) ALBERT J TRAVASOS | | | Date of Receipt | |
| | Mailing Address 2255 Glades Road, Suite | 420A | | 03 / 31 / 4 7 7 7 | |
| | City | State | Zip Code | Transaction ID: 13750572 | |
| | Boca Raton | FL | 33431-7379 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 45.00 | |
| | Name of Employer John Hancock | Occupation Insurance | | _ | |
| | Receipt For: | | e Year-to-Date ▼ | 7 | |
| | Primary General Other (specify) ▼ | | 735.00 | | |
| | Other (Specify) \ | | | | |
| 3. | Full Name (Last, First, Middle Initial) CHARLES TROGDON | | | Date of Receipt | |
| | Mailing Address 2950 E. Richmond | | | M " M / D " D / Y " Y " Y " Y | |
| | City | State | Zip Code | Transaction ID: PR80740686348 | |
| | Fresno | CA | 93720 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | С | | 30.00 | |
| | Name of Employer Gallagher Benefit Services | Occupation Insurance | | | |
| | Receipt For: | | e Year-to-Date ▼ | - | |
| | Primary General | 33 15 | | P/R Deduction (\$30.00 Wee- | |
| | Other (specify) ▼ | | 260.00 | kly) | |
|) . | Full Name (Last, First, Middle Initial) CHARLES TROGDON | | | Date of Receipt | |
| | Mailing Address 2950 E. Richmond | | | 03 31 2006 | |
| | City | State | Zip Code | Transaction ID: 13750717 | |
| | Fresno | CA | 93720 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | |
| | Name of Employer Gallagher Benefit Services | Occupation Insurance | | | |
| | Receipt For: | | e Year-to-Date ▼ | | |
| | Primary General | 1 1 | 290.00 | | |
| | Other (specify) ▼ | | 290.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 105.00 | |
| | . 5 (1 / | | | | 1 |
| T | OTAL This Period (last page this line number onl | ly) | > | | I. |

| S | CHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 60 / 93 |
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| | EMIZED RECEIPTS | or each category of the | (check only one) |
| •• | LIVIIZED ITEOLII 13 | Detailed Summary Page | X 11a 11b 11c 12 |
| Δ, | by information conied from auch Deports and Statements | nov not be cold or used by any norge | 13 14 15 16 17 |
| or | ny information copied from such Reports and Statements refor commercial purposes, other than using the name and | address of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | |
| $ \rangle$ | National Association of Health Underwriters PA | C (HUPAC) | |
| \angle | | | |
| Α. | Full Name (Last, First, Middle Initial) PETER VINTON | | Date of Receipt |
| Α. | Mailing Address 9480 Deereco Road | | M M / D D / Y Y Y Y |
| | Maining Addition 9480 Deereco Hoad | | 03 31 2006 |
| | City State | Zip Code | Transaction ID: 13750684 |
| | <u>Timonium</u> MD | 21093-2102 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 80.00 |
| | federal political committee. | | 80.00 |
| | Name of Employer Corporate Coverage LLC | tion | |
| | Corporate Coverage LLC Insura | nce Agent | |
| | Receipt For: Aggreg | ate Year-to-Date ▼ | |
| | Primary General | 240.00 | 1 |
| | Other (specify) ▼ | 2 10.00 | |
| _ | Full Name (Last, First, Middle Initial) | | |
| В. | , | | Date of Receipt |
| | Mailing Address PO Box 9 | | M M / D D / Y Y Y Y |
| | 0'1- | 7'- 0 - 1- | 03 31 2006 |
| | City State | Zip Code | Transaction ID: 13686794 |
| | Burwell NE | 68823-0009 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 400.00 |
| | | | |
| | Name of Employer Town and Country Insurance Occupa Provide | | |
| | Agency Inc Presid | ent ate Year-to-Date ▼ | _ |
| | Primary General | ate rear-to-bate • | 1 |
| | Other (specify) ▼ | 700.00 | |
| | | | |
| _ | Full Name (Last, First, Middle Initial) | | Data of Popolist |
| U. | H WHITEIS Mailing Address 7820 S Granite Avenue | | Date of Receipt |
| | | | 03 31 2006 |
| | City State | Zip Code | Transaction ID: 13686791 |
| | <u>Tulsa</u> OK | 74136-8456 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee | | 365.00 |
| | federal political committee. | | |
| | Name of Employer Occupa Whiteis Benefits | tion | 7 |
| | Insura | nce Agent | |
| | | ate Year-to-Date ▼ | |
| | Primary General | 365.00 | |
| | Other (specify) ▼ | | 1 |
| Г | | | |
| s | UBTOTAL of Receipts This Page (optional) | | 845.00 |
| \vdash | , | | |
| т | OTAL This Period (last page this line number only) |) | |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 61 / 93 | | | | | | | | | | |
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| | · · | | Use separate schedule(s) or each category of the | (check only one) | | | | | | | | | | |
| Ш | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | | | | | | |
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| An | y information copied from such Reports and States for commercial purposes, other than using the i | atements may | not be sold or used by any person | on for the purpose of soliciting contributions | | | | | | | | | | |
| or | | name and add | aress or any political committee to | Solicit contributions from such committee. | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | DAG / | | | | | | | | | | | | |
| \angle | National Association of Health Underwi | iters PAC (| HUPAC) | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) VICKEY L. WOLLAN | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 708 Briarcliff Drive | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 13686789 | | | | | | | | | | |
| | Orange City | FL | 32763 | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing | | | | | | | | | | | | | |
| | federal political committee. | C | | 150.00 | | | | | | | | | | |
| | Name of Employer Insurance Office of Ameri- | Occupation | n Small Group Sales Rep. | 7 | | | | | | | | | | |
| | ca Inc. Receipt For: | | Year-to-Date V | _ | | | | | | | | | | |
| | Primary General | riggrogato | 1 1 1 1 1 1 1 | 1 | | | | | | | | | | |
| | Other (specify) ▼ | | 275.00 | | | | | | | | | | | |
| | | | | 4 | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) DENNIS WRIGHT | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 111 East Ludwig Rd., S | uite 108 | | M M / D D / Y Y Y Y | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: PR80753016348 | | | | | | | | | | |
| | Ft. Wayne | IN | 46825-4240 | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing | С | | 10.00 | | | | | | | | | | |
| | federal political committee. | | | | | | | | | | | | | |
| | Name of Employer IntraHealth Solutions In- | Occupation | | | | | | | | | | | | |
| | C. | President | | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 335.00 | P/R Deduction (\$85.00 Wee- | | | | | | | | | | |
| | Carlor (opcomy) 🔻 | 0 0 | 0 0 0 0 0 0 0 |] [, | | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) RUSH DAVID DIXON | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 1375 Piccard Drive | | | M M / D D / Y Y Y Y | | | | | | | | | | |
| | | | | 03 31 2006 | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 13753089 | | | | | | | | | | |
| | Rockville | MD | 20850-4311 | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | | | | | | | | | |
| | Name of Employer | Occupation | 2 | | | | | | | | | | | |
| | Name of Employer Early Cassidy and Schilli- | Occupation VP of Em | nployee Benefits | | | | | | | | | | | |
| | ng Receipt For: | - | Year-to-Date V | \dashv | | | | | | | | | | |
| | Primary General | , iggi egale | , iou to buto y | 1 | | | | | | | | | | |
| | Other (specify) | | 300.00 | | | | | | | | | | | |
| | | | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 260.00 | | | | | | | | | | |
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| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) | | | | | |
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| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a | | | | | |
| Ar | y information copied from such Reports and State for commercial purposes, other than using the nar | ments may | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | | | | |
| \vdash | NAME OF COMMITTEE (In Full) | | | | | | | | |
| | National Association of Health Underwrite | ers PAC (| HUPAC) | | | | | | |
| A. | Full Name (Last, First, Middle Initial) EUGENE D. EBERSOLE | | | Date of Receipt | | | | | |
| | Mailing Address 405 Gretna Blvd, Suite 10 |)3A | | 03 / 31 / Y Y Y Y Y Y Y | | | | | |
| | City | State | Zip Code | Transaction ID: 13686786 | | | | | |
| | Gretna | LA | 70053-4900 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 80.00 | | | | | |
| | Ebercole & Accociates In- | Occupation Insurance | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | |
| | Primary General Other (specify) ▼ | | 470.00 | | | | | | |
| В. | Full Name (Last, First, Middle Initial) CHARLES T GARTLAN | | | Date of Receipt | | | | | |
| | Mailing Address PO Box 1268 | | | 03 / 31 / 2006 | | | | | |
| | City | State | Zip Code | Transaction ID: 13753069 | | | | | |
| | Toms River | NJ | 08754 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 40.00 | | | | | |
| | RenefitPort 11 C | Occupation Insurance | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| | Primary General Other (specify) ▼ | 0 0 | 640.00 | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) DAVID S JOHNSON | | | Date of Receipt | | | | | |
| | Mailing Address PO Box 871129 | | | M M / D D / Y Y Y Y | | | | | |
| | City | State | Zip Code | Transaction ID: PR80772486348 | | | | | |
| | Stone Mountain | GA | 30087-0029 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | | | |
| | David S. Johnson Incurance | Occupation Account | n Executive | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | |
| | Primary General Other (specify) ▼ | | 445.00 | P/R Deduction (\$85.00 Wee-kly) | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 170.00 | | | | | |
| | OTAL This Period (last nage this line number only | Λ | · | | | | | | |

| SCHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 63 / 93 | | | | | | | | | |
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| ITEMIZED RECEIPTS | or each category of the | (check only one) | | | | | | | | | |
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| Any information copied from such Reports and Stateme | nts may not be sold or used by any persor | for the purpose of soliciting contributions | | | | | | | | | |
| or for commercial purposes, other than using the name | and address of any political committee to | solicit contributions from such committee. | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | D. O. ((111D. O.) | | | | | | | | | | |
| National Association of Health Underwriters | PAC (HUPAC) | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| A. DAVID S JOHNSON | | Date of Receipt | | | | | | | | | |
| Mailing Address PO Box 871129 | | 03 31 2006 | | | | | | | | | |
| City | tate Zip Code | Transaction ID: 13750697 | | | | | | | | | |
| Stone Mountain G | A 30087-0029 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing | | 85.00 | | | | | | | | | |
| federal political committee. | | 30.00 | | | | | | | | | |
| Name of Employer Oc David S. Johnson Insurance | cupation | 7 | | | | | | | | | |
| AC | count Executive | | | | | | | | | | |
| | gregate Year-to-Date ▼ | | | | | | | | | | |
| Primary General Other (specify) ▼ | 530.00 | | | | | | | | | | |
| Canon (opening) | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| Address C711 Parm Dd | | Date of Receipt | | | | | | | | | |
| Mailing Address 6711 Berry Rd | | 03 31 4 2006 | | | | | | | | | |
| City | tate Zip Code | Transaction ID: 13686787 | | | | | | | | | |
| Ravenna |)H 44266-1684 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing | | 60.00 | | | | | | | | | |
| federal political committee. | | | | | | | | | | | |
| Name of Employer Kaczmarek Insurance Servi- | cupation | | | | | | | | | | |
| ces Inc. | surance Agent | | | | | | | | | | |
| Receipt For: Ag | gregate Year-to-Date ▼ | | | | | | | | | | |
| Other (specify) | 535.00 | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | Data of Baselini | | | | | | | | | |
| Mailing Address PO Box 38248 | | Date of Receipt | | | | | | | | | |
| 3300 Battleground Ave. #200 | 0 (2741 | 03 31 2006 | | | | | | | | | |
| | tate Zip Code | Transaction ID: 13753102 | | | | | | | | | |
| | IC 27438-8248 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | | 85.00 | | | | | | | | | |
| reacrai pontical committee. | | | | | | | | | | | |
| EbonConconte Company | cupation | | | | | | | | | | |
| ins | surance Agent gregate Year-to-Date ▼ | - | | | | | | | | | |
| Primary General | grogate rearto-date ¥ | | | | | | | | | | |
| Other (specify) | 255.00 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | 230.00 | | | | | | | | | |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | 230.00 | | | | | | | | | |
| TOTAL This Period (last page this line number only) | > | | | | | | | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 64 / 93 | | | | | | | | | | | |
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| | EMIZED RECEIPTS | | or each category of the | (check only one) | . — | | | | | | | | | | |
| ••• | LIMIZED RECEIF 13 | | Detailed Summary Page | X 11a 11b | 11c 12 | | | | | | | | | | |
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| Ar or | ly information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | on not be sold or used by any person Iress of any political committee to | n for the purpose of soliciti solicit contributions from s | ng contributions such committee. | | | | | | | | | | |
| abla | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| \rangle | National Association of Health Underwr | iters PAC (| HUPAC) | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) PATRICIA MILLER | | | Date of Receipt | | | | | | | | | | | |
| | Mailing Address PO Box 8357 | | | 03 31 2006 | | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 13753122 | | | | | | | | | | | |
| | Tyler | TX | 75711-8357 | Amount of Each Receipt this Period | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | 20.00 | | | | | | | | | | |
| | Name of Employer Hibbs-Hallmark & Company | Occupation Insurance | | | | | | | | | | | | | |
| | Receipt For: | | Year-to-Date V | \dashv | | | | | | | | | | | |
| | Primary General | / iggi ogalo | Total to Buto V | 1 | | | | | | | | | | | |
| | Other (specify) ▼ | 0 0 | 285.00 | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) RAY M. MUSSER | | | Date of Receipt | | | | | | | | | | | |
| | Mailing Address 404 N Second Ave., Su | ite B | | 0 3 3 1 | 2006 | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 136 | 686798 | | | | | | | | | | |
| | Upland | CA | 91786-4701 | Amount of Each Rec | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 | | | | | | | | | | | |
| | Name of Employer Ray M. Musser & Associates | Occupation Insurance | | | | | | | | | | | | | |
| | Inc. Receipt For: | - | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | 33 13 | 1000.00 | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| C. | JOHN J. NELSON | | | Date of Receipt | | | | | | | | | | | |
| | Mailing Address 32110 Agoura Rd. | | | 03 / 31 | 2006 | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 136 | 386782 | | | | | | | | | | |
| | Westlake Village | CA | 91361-4026 | Amount of Each Rec | eipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 5000.00 | | | | | | | | | | |
| | Name of Employer Warner Pacific Insurance | Occupation Insurance | | | | | | | | | | | | | |
| | Services Receipt For: | | Year-to-Date ▼ | \dashv | | | | | | | | | | | |
| | Primary General | 00 0 | | 1 | | | | | | | | | | | |
| | Other (specify) ▼ | | 5000.00 | | | | | | | | | | | | |
| | | | | | 6020.00 | | | | | | | | | | |
| S | UBTOTAL of Receipts This Page (optional) | | ····· | | | | | | | | | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 65 / 93 | | | | | | | | |
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| | EMIZED RECEIPTS | | or each category of the | (check only one) | | | | | | | | |
| • • | | | Detailed Summary Page | X 11a 11b 11c 12 17 13 14 15 16 17 17 17 17 17 17 17 | | | | | | | | |
| Ar | ny information copied from such Reports and State | ements may | not be sold or used by any perso | n for the purpose of soliciting contributions | | | | | | | | |
| or | for commercial purposes, other than using the na | me and add | lress of any political committee to | solicit contributions from such committee. | | | | | | | | |
| \ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| / | National Association of Health Underwrite | ers PAC (| HUPAC) | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| ٩. | JESSE A PATTON | | | Date of Receipt | | | | | | | | |
| | Mailing Address 2175 NW 86th St., Suite | 14 | | 03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 13753109 | | | | | | | | |
| | Des Moines | IA | 50325-5557 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | С | | 225.00 | | | | | | | | |
| | federal political committee. | G | | 225.00 | | | | | | | | |
| | Name of Employer | Occupation | 1 | 7 | | | | | | | | |
| | Associations Marketing Gr- oup Inc. | CEO/Pre | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | ' ' | 1035.00 | | | | | | | | | |
| | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | 5. (5 | | | | | | | | |
| 3. | ALBERTA Joan PRIEST Mailing Address 5725 Wood Drive SW | | | Date of Receipt | | | | | | | | |
| | Walling Address 5725 WOOd Drive SW | | | 03 31 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 13686784 | | | | | | | | |
| | Albuquerque | NM | 87105 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | | | | | | | |
| | | | | | | | | | | | | |
| | Name of Employer AMP Consultants Inc. | Occupation | | | | | | | | | | |
| | Receipt For: | Insurance | Year-to-Date ▼ | _ | | | | | | | | |
| | Primary General | 1.99.19 | | | | | | | | | | |
| | Other (specify) ▼ | | 365.00 | | | | | | | | | |
| | Full Name (Last First Middle Initial) | | | 1 | | | | | | | | |
| Э. | Full Name (Last, First, Middle Initial) JON C RAUSER | | | Date of Receipt | | | | | | | | |
| | Mailing Address 400 East Wisconsin Ave. | , Suite #2 | 0 | M " M / D " D / Y " Y " Y | | | | | | | | |
| | City | State | Zip Code | Transaction ID: PR80782096348 | | | | | | | | |
| | Milwaukee | WI | 53202-4499 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | | | | | | | | | | | |
| | federal political committee. | C | | 170.00 | | | | | | | | |
| | Name of Employer The Rauser Agency Inc. | Occupation | 1 | 1 | | | | | | | | |
| | The Rauser Agency Inc. | Insurance | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 340.00 | P/R Deduction (\$170.00 We- ekly) | | | | | | | | |
| | Cuto. (opconj) • | 0 0 | | 1 5,/ | | | | | | | | |
| | | | | 405.00 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ······ | 495.00 | | | | | | | | |
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| S | CHEDULE A (FEC Form 3X) | | l le conservate de la división | FOR LINE NUMBER: PAGE 66 / 93 |
|-------------|---|------------------------------|---|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIP 15 | | Detailed Summary Page | X 11a 11b 11c 12 |
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| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwr | iters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) JON C RAUSER | | | Date of Receipt |
| | Mailing Address 400 East Wisconsin Ave | e., Suite #2 | 0 | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13750667 |
| | Milwaukee | WI | 53202-4499 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 170.00 |
| | Name of Employer The Rauser Agency Inc. | Occupation | | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General | | F10.00 | 1 |
| | Other (specify) ▼ | 0 0 | 510.00 | |
| В. | Full Name (Last, First, Middle Initial) SUSAN A. REED | | | Date of Receipt |
| | Mailing Address 2067 Renpoint Way | | | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13686799 |
| | Roseville | CA | 95661-4082 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 365.00 |
| | Name of Employer Blue Cross of California | Occupation Insurance | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 365.00 | 1 |
| | Other (specify) 🔻 | 0 0 | 303.00 | |
| <u>С</u> . | Full Name (Last, First, Middle Initial) STEPHEN J. SALAMON | | | Date of Receipt |
| | Mailing Address PO Box 4252 | | | 03 31 2006 |
| | City | State | Zip Code | Transaction ID: 13686800 |
| | Timonium | MD | 21094-4252 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 760.00 |
| | Name of Employer | Occupation | n | 7 |
| | Heritage Financial Consultants LLC | Insurance | e Agent | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | ' ' | 800.00 | 1 |
| | Other (specify) 🔻 | 0 0 | 000.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 1295.00 |
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| SC | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 67 / 93 | | | | | | | | | | |
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| IT | EMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 | | | | | | | | | | |
| | | | Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | | | | | | | | | | |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | tements may ame and add | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | | | | | | | | | |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| \rangle | National Association of Health Underwri | ters PAC (| HUPAC) | | | | | | | | | | | |
| ۹. | Full Name (Last, First, Middle Initial) RAYMER M SALE, JR | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address PO Box 424420 1255 Lakes Pkwy Ste 12 | 20 Zip 300 | | M M / D D / Y Y Y Y | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: PR80783696348 | | | | | | | | | | |
| | Lawrenceville | GA | 30042 | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | | | | | | | | | |
| | Name of Employer E2E Benefits Services In- c. | Occupation Insurance | | | | | | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | mary General | | | | | | | | | | | | |
| 3. | Full Name (Last, First, Middle Initial) RAYMER M SALE, JR | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address PO Box 424420 1255 Lakes Pkwy Ste 12 | 20 Zip 30(| 04 | 03 / 31 / 2006 | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 13750612 | | | | | | | | | | |
| | <u>Lawrenceville</u> | GA | 30042 | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 100.00 | | | | | | | | | | |
| | Name of Employer E2E Benefits Services In- c. | Occupation Insurance | | | | | | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 425.00 | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) GREG SEIFERT | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 916 Main Street 916 Main Street | | | 03 / 31 / 2006 | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 13686783 | | | | | | | | | | |
| | Vancouver | WA | 98666-0189 | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | | | | | | | | | |
| | Name of Employer Biggs Insurance Services | Occupation Insurance | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 350.00 | | | | | | | | | | | |
| SI | JBTOTAL of Receipts This Page (optional) | | | 300.00 | | | | | | | | | | |
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City

Morrisville

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 68 / 93 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) A. ROBERT A ZIFF Date of Receipt Mailing Address 17 North Delmorr Avenue 03 31 2006 State Zip Code Transaction ID: 13753123 PA 19067-6278 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Avanti Benefits Corp Occupation President Aggregate Year-to-Date ▼

240.00

| SUBTOTAL of Receipts This Page (optional) | • | 80.00 |
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| TOTAL This Period (last page this line number only) | <u>,</u> | 42642.00 |

SCHEDULE B (FEC Form 3X)

| S | CHEDULE B (FEC Form 3X) | Use seperate schedule(s) | | | | | NE NUMBER: PAGE 69 / 93 | | | | | | | | | | | | |
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| IT | EMIZED DISBURSEMENTS | for each | category of the | | Γ _{(c} | heck c | only o | ne) 22 | | 23 | \Box | 24 [| 25 | ☐ 26 | | | | | |
| | | Detailed | Summary Page | | lŀ^ | 27 | Н | 28a | Н | 28b | Н | 28c | 29 | 30b | | | | | |
| | y Information copied from such Reports and Statem | | | | | | | | | | | | | | | | | | |
| or | for commercial purposes, other than using the name | e and addre | ss of any political | con | mmi | ttee to | solici | t contr | ibut | ions fr | om s | such co | mmittee | ! | | | | | |
| $ \rangle$ | NAME OF COMMITTEE (In Full) | DAO (LII | LIDAO) | | | | | | | | | | | | | | | | |
| K | National Association of Health Underwriter | 'S PAC (H | UPAC) | | | | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Merchant Services | | | | | | | | | on ID: | | 71604 | 4 | | | | | | |
| | | | | | | | | | _ | | | / Y | YY | Y | | | | | |
| | Mailing Address 7300 Chapman Hwy | | | | | | | | 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | | | | | |
| | City State Zip Code Knoxville TN 37920-6612 | | | | | | | | Amount of Each Disbursement this Period | | | | | | | | | | |
| | | IIN | 3/920-0012 | | | | 277.90 | | | | | | | | | | | | |
| | Purpose of Disbursement Credit Card Processing Fee | | | Г | 00 |)1 | | - | - | | _ | | | | | | | | |
| | Candidate Name | | | С | _ | gory/ | | | | | | | | | | | | | |
| | | | | | Ту | ре | | | | | | | | | | | | | |
| | | ement For: | | | | | | Credit | : Ca | ard Pr | oce | ssing | Fee | | | | | | |
| | Senate President | Primary Other (spe | General | | | | | | | | | | | | | | | | |
| | State: District: | Otrici (Spe | 50⊪ y) ∀ | | | | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | on ID: | : 13 | 12169 ⁻ | 1 | | | | | | |
| В. | Merchant Services | | | | | | | | | isburs | | . — | • | | | | | | |
| | Mailing Address 7300 Chapman Hwy | | | | | | 02 01 7 2006 | | | | | | | | | | | | |
| | 7500 Chapman Twy | | | | | | | | | | | | | | | | | | |
| | City | Zip Code | | | | | Amou | nt o | f Each | Dis | bursem | ent this | Period | | | | | | |
| | Knoxville Purpose of Disbursement | TN 37920-6612 | | | | | | 277.28 | | | | | | | | | | | |
| | Credit Card Processing Fee | 001 | | | | | | - | - | | | | | | | | | | |
| | Candidate Name | | | С | Cate | gory/ | | | | | | | | | | | | | |
| | | | | | Ту | ре | | | | | | | | | | | | | |
| | Office Sought: House Disburse Senate | ement For: Primary | General | | | | (| Credit | Ca | ard Pr | осе | ssing | Fee | | | | | | |
| | President | Other (spe | | | | | | | | | | | | | | | | | |
| | State: District: |] (- - | , , | | | | | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | on ID: | : 128 | 83178 | 3 | | | | | | |
| C. | Joseph A. Kelliher | | | | | | | Date of Disbursement | | | | | | | | | | | |
| | Mailing Address 15 South Jefferson St. | | | | | | | 0 ^M 2 | М | / D | 0 | / Y | žoŏ | 6 ^Y | | | | | |
| | | | | | | | | | _ | | | | | | | | | | |
| | City Roanoke | State VA | Zip Code 24011-1303 | | | | | Amou | nt o | f Each | Dis | bursem | ent this | Period | | | | | |
| | Purpose of Disbursement | | 1 | | | - | | | | | | | 888 | .82 | | | | | |
| | Conference Travel Expense Reimbursement | | | L | 00 |)2 | | | | | | | | | | | | | |
| | Candidate Name | | | С | Cate Ty | gory/ | | | | | | | | | | | | | |
| | Office Sought: House Disburse | | ı y | PC | | | | _ | | | | | | | | | | | |
| | Senate | | | | | Conte Reimb | ren | ce Tr seme | avel nt | I Expe | nse | | | | | | | | |
| | President | Other (spe | ecify) | | | | | | | | | | | | | | | | |
| _ | State: District: | | | | | | | | | | | | | | | | | | |
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SCHEDULE B (FEC Form 3X)

| 3 | CHEDULE B (FEC Form 3X) | Use sepe | | - | | IE NUMBER: PAGE 70 / 93 | | | | | | | | |
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| ΙΤ | EMIZED DISBURSEMENTS | for each | category of the Summary Page | | (check 21b 27 | Ć | ne) 22 28a | П | 23 28b | , F | 24 280 | H | 25 29 | 2 3 |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | | | | | | ıs |
| \vdash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| $ \rangle$ | National Association of Health Underwriters | s PAC (HI | JPAC) | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Bank of America | | | | | | Trans | | - | | | 771 | | |
| | Mailing Address 7810 Old Branch Avenue | | $\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$ | | | | | | | | | | | |
| | City S | | Amou | nt o | f Ead | ch Di | sburs | emen | t this f | Period | | | | |
| | Purpose of Disbursement Account Analysis Fee | 1 | L. | _ | - | | | | 39. | 59 | | | | |
| | Candidate Name | | | С | ategory/ Type | 7 | | | | | | | | |
| | Office Sought: House Disburse Senate President | | | Ассоι | ınt . | Ana | lysis | Fee | | | | | | |
| | State: District: Full Name (Last, First, Middle Initial) | | | | | | Tuono | | - I | D. 11 | 2024 | 050 | | |
| В. | Merchant Services | | | | | | Date of | | isbu | | ent | | Y | Y |
| | Mailing Address 7300 Chapman Hwy | | | | | | 0 3 | | Ĺ | 0 1 | | 2 | οŏε | 3 |
| | City S Knoxville | Zip Code 37920-6612 | | | | Amou | nt o | f Ead | ch Di | sburs | emen | | | |
| | Purpose of Disbursement Credit Card Processing Fee Candidate Name | | | C | 001 ategory/ Type | | | | • | • | | | 386. | 89 |
| | Office Sought: House Senate President State: District: | ment For: Primary Other (spe | General cify) ▼ | | | | Credit Card Processing Fee | | | | | | | |
| С. | Full Name (Last, First, Middle Initial) ModernLitho | | | | | | Trans | | | | | 397 | | |
| | Mailing Address PO Box 2170 | | | | | | 0 ^M 3 | М | / [| 0 8 | ′ | ž | οŏε | 8 Y |
| | | State MO | Zip Code 65102-2170 | | | | Amou | nt o | f Ead | ch Di | sburs | | | Period |
| | Purpose of Disbursement Printing Expenses | | | | 003 | | | | - | 0 | | | 616. | 82 |
| | Candidate Name | | С | ategory/ Type | | | | | | | | | | |
| | Office Sought: House Disburse Senate President | | | Printii | ng E | Ехр€ | ense | es | | | | | | |
| _ | State: District: | | | | | | _ | _ | | | | | | |
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SCHEDULE B (FEC Form 3X)

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| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 1 <u> </u> | 1b 🗀 | 22 28a | 23 28l | - | | 25 29 | 26 30t | | | | | | | | | |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | | | | | | | | | | | | | |
| or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) | and address of any political co | minilitiee | io soll | oit COHTH | มนแบกร | HOIH SUCI | I COITIF | iiillee | | | | | | | | | | |
| National Association of Health Underwriter | s PAC (HUPAC) | | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Transa | action | I D : 13834 | 1961 | | | | | | | | | | | |
| A. Bank of America | | | | | | rsement | V V | · · · | V | | | | | | | | | |
| Mailing Address 7810 Old Branch Avenue | | | | | | | | 03 15 2006 | | | | | | | | | | |
| , | State Zip Code MD 20735 | | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | |
| Purpose of Disbursement | MD 20735 | | | | | | | 159.0 | 9 | | | | | | | | | |
| Account Analysis Fee | | 001 | | | | | | | | | | | | | | | | |
| Candidate Name | | Category Type | // | | | | | | | | | | | | | | | |
| Senate President | ment For: Primary General Other (specify) ▼ | | | Account Analysis Fee | | | | | | | | | | | | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | _ | | | | | | | | | | | | | | |
| 3. American Express | | | | Date o | f Disbu | ID: 13834 Irsement | | | | | | | | | | | | |
| Mailing Address PO Box 53852 | | | | 03 | | | | | | | | | | | | | | |
| , | State Zip Code AZ 85072-3852 | | Amour | nt of Ea | ch Disbur | semen | | - | | | | | | | | | | |
| Purpose of Disbursement | | 001 | | | | | | 230.0 | 5 | | | | | | | | | |
| Credit Card Processing Fee Candidate Name | | "/ | | | | | | | | | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary General Other (specify) | | Credit | Card | Processi | ng Fe | ee | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Trans | action | ID : 13475 | 5029 | | | | | | | | | | | |
| Callaway Transportation Inc. | | | | | | irsement | 7020 | | | | | | | | | | | |
| Mailing Address 7566 Main Street Suite 302 | | | | 0 3 | / / | ^D 2 4 | Ý Ž | 0 Ď 6 | Y | | | | | | | | | |
| , | State Zip Code MD 21784 | | | Amour | nt of Ea | ch Disbur | semen | t this P | eriod | | | | | | | | | |
| Purpose of Disbursement Transportation Expense: Mt. Vernon | | 002 | | | | | 1 | 467.7 | 5 | | | | | | | | | |
| Candidate Name | (| Category Type | // | | | | | | | | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary General Other (specify) | | | Transp Mt. Ve | oortati ernon | on Exper | nse: | | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | ers PAC (HL | JPAC) | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mount Vernon Inn Mailing Address P. O. Box 110 | | | | | | f Disbui | rse | | | 00 | S ^Y | | | | |
| | City Mount Vernon Purpose of Disbursement Catering Cost: Mt. Vernon Tour and Buffe | State VA | Zip Code 22121 | 00 | 12 | Amount of Each Disbursement this Period 7425.00 | | | | | | | | | | |
| | Candidate Name | sement For: Primary Other (spe | ☐ General | Cate Ty | gory/ | Caterir Tour a | ng Cos nd But | st: ffet | Mt. Ver | non | | | | | | |
| В. | State: District: Full Name (Last, First, Middle Initial) Marco Mailing Address 2640 Commerce Dr | | Transaction ID: 13475923 Date of Disbursement 0 3 | | | | | | | | | | | | | |
| | City Harrisburg Purpose of Disbursement 2006 Capitol Conference Ribbons Candidate Name | State PA | Zip Code 17110-9368 | Amount of Each Disbursement this Period 368.47 | | | | | | | | | | | | |
| | Office Sought: House Disburs | Primary Other (spec | General cify) ▼ | Ту | | 2006 Capitol Conference Ribbons | | | | | | | | | | |

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| National Association of Health Underwriter | s PAC (HUPAC) | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Transac | tion ID: 1225 | 1823 | | |
| Castle Campaign Fund | | | | Disbursement | W * W | * \/ * \ | , |
| Mailing Address P.O Box 133 | | | 0 1 | ^D 23 | ı ż | 0 0 6 | |
| City Wilmington | State Zip Code DE 19899 | | Amount | of Each Disbu | rsement | this Pe | eriod |
| Purpose of Disbursement | | | | | 1 | 000.00 |) |
| Contribution | | 011 | | | | | |
| Candidate Name Rep. Michael N. Castle | | Category/ Type | | | | | |
| Senate X President | ment For: 2006 Primary General Other (specify) | | Contribu | tion | | | |
| State: DE District: 1 | | | | | | | |
| Full Name (Last, First, Middle Initial) Santorum 2006 | | | | tion ID: 1225 | 2287 | | |
| Santorum 2000 | | | M M | Disbursement / D D / | YY | Υ , | 1 |
| Mailing Address One Tower Bridge Suite | 1440 | | 0 1 | 23 | 2 | 0 0 6 | |
| City West Conshohocken | State Zip Code PA 19428 | | Amount | of Each Disbu | rsement | this Pe | eriod |
| Purpose of Disbursement Contribution | Г | 011 | | | 1 | 000.00 |) |
| Candidate Name Sen. Rick Santorum | | Category/ Type | | | | | |
| X Senate X President | ment For: 2006 Primary General Other (specify) | | Contribu | tion | | | |
| State: PA District: 2 Full Name (Last, First, Middle Initial) | | | | | | | |
| A Lot Of People Who Support Jeff Bingam | an | | | tion ID: 1225 Disbursement | 2015 | | |
| Mailing Address PO Box 16210 | | | 0 1 | 23 | y y 2 | 0 0 6 | |
| City Albuquerque | State Zip Code NM 87191 | | Amount | of Each Disbu | rsement | this Pe | eriod |
| Purpose of Disbursement Contribution | Г | 011 | | | . 1 | 000.00 |) |
| Candidate Name Sen. Jeff Bingaman | | Category/ Type | | | | | |
| Office Sought: House Disburse | ment For: 2006 Primary General Other (specify) | . 160 | Contribu | tion | | | |
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| abla | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| $ \rangle$ | National Association of Health Underwriter | s PAC (HI | JPAC) | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Heather Wilson For Congress | | | | | | | Trans Date of | | | | | 453 | | | |
| | Mailing Address P.O. Box 14070 | | | | | | | 0 ^M 1 | M | / D | 25 | ′ [| Y | ÓÓ | 3 Y | |
| | | State NM | Zip Code 87191 | | | | | Amou | nt o | f Eac | h Di | sburs | emer | nt this | Perioc | i |
| | Purpose of Disbursement Contribution - Fundraiser | | | Г | 0 | 11 | | | | | | | | 1000. | 00 | |
| | Candidate Name Rep. Heather A. Wilson | | | | ate | gory/ pe | | | | | | | | | | |
| | Senate X President | ement For: Primary Other (spe | 2006 General | | | | | Contri | ibut | ion | - Fu | ndra | iser | | | |
| _ | State: NM District: 1 Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | on I | D: 12 | 2736 | 191 | | | |
| В. | Mike Dewine For US Senate | | | | | | | Date of 0 2 | of Di | isbur | | 1 / F | Υ ` ` | 2 0 ŏ | a Y | |
| | Mailing Address PO Box 340188 | O | 7. 0.1 | | | | | | | | | | | | | |
| | Columbus | State OH | Zip Code 43234 | | | | Amount of Each Disburs | | | | | | ı | | | |
| | Purpose of Disbursement Contribution: Mike DeWine (OH-R) | | | | 0 | 11 | | | - | | | - | | 1000. | 00 | _ |
| | Candidate Name Sen. Mike DeWine | | | | | gory/ pe | | | | | | | | | | |
| | X Senate X President | ement For: Primary Other (spe | 2006 General | | | | | Contri (OH-F | | ion: | Mik | e De | Win | е | | |
| | State: OH District: 1 | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Virginia Foxx For Congress | | | | | | | Trans Date of | of Di | isbur | sem | ent | | | | |
| | Mailing Address P.O. Box 1750 | | | | | | | 0 ^M 2 | М . | / D | 0 2 | J′L | ` 2 | o ŏ | 3 ' | |
| | City Blowing Rock | State NC | Zip Code 28605 | | | | | Amou | nt o | f Eac | h Di | sburs | emer | - | | i _ |
| | Purpose of Disbursement Contribution: Virginia Foxx (NC-5-R) | | | | 0 | 11 | | L. | | _ | | | | 500. | 00 | _ |
| | Candidate Name Rep. Virginia Foxx | | | | | gory/ pe | | | | | | | | | | |
| | | ement For: Primary Other (spe | 2006 General | | | | | | | Fo- | | | | | | |
| <u> </u> | <u> </u> | | | | | | | | _ | | | - | 2 | 500. | 00 | 7 |
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| | NAME OF COMMITTEE (In Full) National Association of Health Underwriter | | | | 100 10 3011 | oit conti | | 710 110 |) | 011 0011 | minico | |
| <u>′</u> А. | Full Name (Last, First, Middle Initial) | | | | | Trans | | | | 36265 | | |
| | Ameripac Mailing Address 140 Covant #2 | | | | | Date o | M / | | D / | Y | ž 0 Ŏ (| 3 Y |
| | | | | | | | | | | | | |
| | | State Zip Code NH 03102 | | | | Amou | nt of | Each | Disbu | ırseme | ent this | |
| | Purpose of Disbursement Contribution: Ameripac | | | 01 | 1 | | 0 | | | | 1000. | 00 |
| | Candidate Name | | | ateg Typ | | | | | | | | |
| | Office Sought: House Disburse Senate President State: District: | ement For: Primary General Other (specify) | ļ. | | | Contri | ibuti | on: A | meri | pac | | |
| | Full Name (Last, First, Middle Initial) | | | | | Trans | actic | n ID: | 197 | 52660 | | |
| B. | Hayes For Congress | | | | | Date o | of Dis | burse | ement | | | |
| | Mailing Address Post Office Box 2000 | | | | | 0 2 | M / | 0 | 3 | Y | ž 0 ŏ (| 3 ^Y |
| | , | State Zip Code NC 28026 | | | | Amou | nt of | Each | Disbu | ırseme | ent this | Period |
| | Purpose of Disbursement Contribution: Robin Hayes (NC-8-R) | | | | 1 | | | - | | | 1000. | 00 |
| | Candidate Name Rep. Robin C. Hayes | | | ateg Typ | jory/ | | | | | | | |
| | | ement For: 2006 Primary General Other (specify) | I | | | Contri (NC-8 | ibuti I-R) | on: F | Robin | Haye | es | |
| C . | Full Name (Last, First, Middle Initial) Nelson for U.S. Senate | | | | | Trans Date o | | | | 52663 | | |
| | Mailing Address P O Box 8666 | | | | | 0 ^M 2 | M / | 0 | 3 | Y | ž 0 ŏ (| 3 ^Y |
| | | State Zip Code NE 68103 | | | | Amou | nt of | Each | Disbu | ırseme | ent this | Period |
| | Purpose of Disbursement | | | 0.1 | 1 | | | | | | 1000. | 00 |
| | Candidate Name Sen. E. Benjamin Nelson | | Ca | 01 ateg Typ | jory/ | | | | | | | |
| | X Senate President | ement For: 2006 Primary X General Other (specify) ▼ | I | 71 | | | | | | | | |
| | State: NE District: 2 | | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| / | National Association of Health Underwrite | ers PAC (HUPAC) | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | Т | ransac | tion ID: | 127515 | 03 | | | |
| ١. | Congressional Majority Committee | | | | | | Disburse | | | | V | |
| | Mailing Address PO Box 746 | | | | | 0 2 | 0 | 3 / | Ž | 0 0 6 | Ī | |
| | City Bakersfield | State Zip Code CA 93302 | | | A | Amount | of Each | Disburse | emen | t this P | erio | t |
| | Purpose of Disbursement | CA 93302 | | | - [| | | | 2 | 2000.0 | 00 | ٦ |
| | Contribution: Congressional Majority Com | | | 011 | 1 1 | | | | | | | _ |
| | Candidate Name | | | egory/ | | | | | | | | |
| | | | | уре | | | | | | | | |
| | | sement For: | | | С | ontrib | ution: C | congress | sion | _ | | |
| | Senate President | Primary General Other (specify) ▼ | | | al | Majo | rity Cor | nmĭttee | | | | |
| | State: District: | Otrici (specify) | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | т | rancar | tion ID: | 128359 | 121 | | | |
| 3. | Northup For Congress | | | | | | Disburse | | <i>'</i> _ 1 | | | |
| | Mailing Address PO Box 7313 | | | | - [| 0 ^M 2 ^M | / D | D / ` | Ý Ž | 0 ŏ 6 | Υ | |
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| | City Louisville | State Zip Code KY 40257 | | | A | Amount | of Each | Disburse | emen | t this P | erio | t |
| | Purpose of Disbursement | 101 40207 | | | - [| | | | 1 | 000.0 | 00 | |
| | Campaign Contribution | | | 011 | | | | | | | | |
| | Candidate Name | | | egory/ | | | | | | | | |
| | Rep. Anne M. Northup Office Sought: X House Disburs | sement For: 2006 | ı | уре | | | | | | | | |
| | | X Primary General | | | С | ampai | ign Cor | tributio | n | | | |
| | President | Other (specify) ▼ | | | | | | | | | | |
| | State: KY District: 3 | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | 128359 | 22 | | | |
| ٠. | Friends Of John Peterson | | | | | Date of | Disburse | ement | / ° V | · V | V | |
| | Mailing Address 114 W. State Street PO Box 295 | | | | | 0 2 " | | 3 | 2 | 0 0 6 | | |
| | City Pleasantville | State Zip Code PA 16341 | | | F | Amount | of Each | Disburse | emen | t this P | erio | t |
| | Purpose of Disbursement | 170 10041 | _ | | [| | | | 1 | 000.0 | 00 | |
| | Campaign Contribution | | |)11 | | | | | | | | _ |
| | Candidate Name Rep. John E. Peterson | | | egory/ ype | | | | | | | | |
| | | sement For: 2006 | | ,,,, | ┤ _ | | | | _ | | | |
| | | X Primary General | | | | ampai | ign Cor | ıtributioı | n | | | |
| | President Plateight F | Other (specify) ▼ | | | | | | | | | | |
| | State: PA District: 5 | | | | | | | | | | | _ |
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| NAME OF COMMITTEE (In Full) | | | |
| National Association of Health Underwriter | s PAC (HUPAC) | | |
| Full Name (Last, First, Middle Initial) A. Cantor For Congress | | | Transaction ID: 12835939 Date of Disbursement |
| Mailing Address P. O. Box 17813 | | | $\begin{bmatrix}\begin{smallmatrix}M\\02\end{smallmatrix}^M&\begin{smallmatrix}I&D\\13\end{smallmatrix}\end{bmatrix}^{I}\begin{bmatrix}\begin{smallmatrix}Y&Y&Y\\2006\end{smallmatrix}^Y\\\end{smallmatrix}$ |
| | State Zip Code VA 23226 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Campaign Contribution | | 011 | 1000.00 |
| Candidate Name Rep. Eric I. Cantor | | Category/ Type | |
| Senate X President | ement For: 2006 Primary General Other (specify) | | Campaign Contribution |
| State: VA District: 7 Full Name (Last, First, Middle Initial) B. Mark Kennedy 06 | | | Transaction ID: 12835923 |
| Mark Kennedy 06 Mailing Address PO Box 49333 | | | Date of Disbursement O 2 |
| City | State Zip Code | | Amount of Each Disbursement this Period |
| Blaine Purpose of Disbursement | MN 55449 | | 2000.00 |
| Campaign Contribution Candidate Name | | 011 Category/ | |
| Mr. Mark Kennedy | | Type | |
| X Senate X President | ement For: 2006 Primary General Other (specify) | | Campaign Contribution |
| State: MN District: 2 Full Name (Last, First, Middle Initial) | | | Transaction ID: 1000E0E0 |
| C. Steele For Maryland Inc | | | Transaction ID: 12835959 Date of Disbursement |
| Mailing Address 150 South Street Suite 1 | 00 | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & I \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ |
| | State Zip Code MD 21401 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Campaign Contribution | | 011 | 2500.00 |
| Candidate Name Mr. Michael Steele | | Category/ Type | |
| | ement For: 2006 Primary General Other (specify) | | Campaign Contribution |
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| $\left.\right\rangle$ | NAME OF COMMITTEE (In Full) National Association of Health Underwriter | | | | | | | <u> </u> | | | |
| | Full Name (Last, First, Middle Initial) | | | | | Trans | action ID | . 128350 | 60 | | |
| ۹. | Cmte for the Preservation of Capitalism | | | | | Date | of Disburs | ement | 00 | | |
| | Mailing Address 810 First Street, NE Suite 530 | | | | | 0 ^M 2 | M / D | 3 / | ž | 0 Ď 6 | Y |
| | | State DC | Zip Code 20002 | | | Amou | int of Each | Disburse | ment | this P | eriod |
| | Purpose of Disbursement | | | | • | | | | 1 | 000.0 | 00 |
| | PAC Contribution Candidate Name | | | Са | 011 tegory/ | | | | | | |
| | Office Sought: House Disburse Senate President State: District: | ement For: Primary Other (spe | General cify) ▼ | | Гуре | PAC | Contribu | tion | | | |
| | Full Name (Last, First, Middle Initial) | | | | | Trans | action ID | . 120206 | 20 | | |
| 3. | Earl Pomeroy For Congress | | | | | | of Disburs | | 29 | | |
| | Mailing Address P.O. Box 9336 | | | | | 0 ^M 2 | M / D | 22 / | ž | 0 Ď 6 | Y |
| | • | State ND | Zip Code 58106 | | | Amount of Each | | | | | - |
| | Purpose of Disbursement Campaign Contribution | | | | 011 | | | | 1 | 000.0 | 00 |
| | Candidate Name Rep. Earl Pomeroy | | | | tegory/ Γype | | | | | | |
| | | ement For: Primary Other (spe | 2006 General | | <i>.</i> | Camp | oaign Co | ntributior | 1 | | |
|).). | Full Name (Last, First, Middle Initial) Friends Of Jack Kingston | | | | | | saction ID | | 31 | | |
| | Mailing Address PO Box 2133 | | | | | | | 2 2 / Y | ž | 0 ŏ 6 | Y |
| | | State | Zip Code | | | Amou | ınt of Each | Disburse | ment | this P | Period |
| | Savannah Purpose of Disbursement | GA | 31402 | _ | | - | | | 1 | 000.0 | 00 |
| | Campaign Contribution | | | | 011 | | | | | | |
| | Candidate Name Rep. Jack Kingston | | | | tegory/ Γype | | | | | | |
| | | ement For: Primary Other (spe | 2006 General cify) | | | Camp | oaign Co | ntributior | ו | | |
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| \rangle | NAME OF COMMITTEE (In Full) National Association of Health Underwriter | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| ۹. | Full Name (Last, First, Middle Initial) Whitfield For Congress Committee | | | | Date o | action ID of Disburs | ement | | | V |
| | Mailing Address P.O. Box 391 | | | | 0 2 | | 22 / | 2 | 0 ŏ 6 | |
| | • | State Zip Code KY 42241 | | | Amou | nt of Each | Disburs | ement | this F | Period |
| | Purpose of Disbursement Campaign Contribution | | | 011 | L. | | | 1 | 0.00 | 00 |
| | Candidate Name Rep. Edward Whitfield | | | tegory/ ype | | | | | | |
| | | ement For: 2006 Primary General Other (specify) | | | Camp | aign Coi | ntributio | n | | |
| 3. | Full Name (Last, First, Middle Initial) Lamberti For Congress | | | | | action ID | | 523 | | |
| | Mailing Address PO Box 785 | | | | | _ | 2 2 / | Y Ž | 0 Ď 6 | Y |
| | , | State Zip Code IA 50021 | | | Amou | nt of Each | Disburs | ement | this F | Period |
| | Purpose of Disbursement Campaign Contribution | | | 011 | <u> </u> | | | 1 | 0.00 | 00 |
| | Candidate Name Mr. Jeffrey Lamberti | | | tegory/ ype | | | | | | |
| | X | ement For: 2006 Primary General Other (specify) | | | Camp | aign Co | ntributio | n | | |
| <u> </u> | Full Name (Last, First, Middle Initial) People With Hart Inc | | | | | action ID | | 634 | | |
| | Mailing Address P.O. Box 435 | | | | 0 ^M 2 | | 2 2 / | Ý Ž | 0 ŏ 6 | Y |
| | | State Zip Code PA 15090 | | | Amou | nt of Each | Disburs | ement | this F | Period |
| | Purpose of Disbursement Campaign Contribution | 10000 | | 011 | L. | | | 1 | 000.0 | 00 |
| | Candidate Name Rep. Melissa A. Hart | | Ca | tegory/ ype | | | | | | |
| | X | ement For: 2006 Primary General Other (specify) | <u>I</u> | | Camp | aign Coi | ntributio | n | | |
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| NAME OF COMMITTEE (In Full) National Association of Health Underwrite | rs PAC (HUPAC) | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 129396 | 628 |
| Matheson For Congress | | | Date of Disbursement | V V V |
| Mailing Address 677 South 200 West Suite A | | | 02 | [*] 2006 |
| City Salt Lake City | State Zip Code UT 84101 | | Amount of Each Disburs | ement this Period |
| Purpose of Disbursement | | • • | | 1000.00 |
| Campaign Contribution Candidate Name | | 011 | | |
| Rep. James D. Matheson | | Category/ Type | | |
| Office Sought: X House Disburs Senate President State: UT District: 2 | | Campaign Contributio | n | |
| Full Name (Last, First, Middle Initial) | | | T .: ID 10000 | 200 |
| 3. Musgrave For Congress | | | Transaction ID: 129396 Date of Disbursement | 526 |
| Mailing Address 118 W Charlotte St | | | $\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix}$ | ^Y 2 0 0 6 ^Y |
| City Johnstown | State Zip Code CO 80534 | | Amount of Each Disburse | |
| Purpose of Disbursement Campaign Contribution | | 011 | | 1000.00 |
| Candidate Name Rep. Marilyn N. Musgrave | | Category/ Type | | |
| | ement For: 2006 Primary General Other (specify) | | Campaign Contributio | on |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 129396 | |
| Rob Bishop For Congress | | | Date of Disbursement | |
| Mailing Address PO Box 2004 | | | $\begin{bmatrix} M & M \\ D & Z \end{bmatrix}$ | ^Y 2006 ^Y |
| City Brigham City | State Zip Code UT 84302 | | Amount of Each Disburs | ement this Period |
| Purpose of Disbursement Campaign Contribution | | 011 | | 1000.00 |
| Candidate Name | | 011 Category/ | | |
| Rep. Robert Bishop Office Sought: X House Disburs | ement For: 2006 | Туре | | |
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| NAME OF COMMITTEE (In Full) | and address of any political col | minitee to St | onen continuu | uona nom Sucil (| ,ommutee | |
| National Association of Health Underwriters | PAC (HUPAC) | | | | | |
| Full Name (Last, First, Middle Initial) | | | Transact | ion ID: 129395 | 85 | |
| Tom Kean For US Senate Inc | | | | Disbursement | | V |
| Mailing Address PO Box 225 | | | 0 2 | | ž 0 ŏ 6 | |
| | State Zip Code | | Amount o | of Each Disburse | ment this P | eriod |
| Colonia Purpose of Disbursement | NJ 07067 | | | | 1000.0 | 0 |
| Campaign Contribution | | 011 | | | | |
| Candidate Name Mr. Thomas Kean | | Category/ Type | | | | |
| Office Sought: House Disburser X | | Campaig | gn Contribution | 1 | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| 3. National Republican Campaign Committee | (NRCC) | | | i on ID: 129395 Disbursement | 81 | |
| Mailing Address 320 First Street | | | 0 2 | ž 0 0 6 | Y | |
| • | State Zip Code DC 20003 | | Amount o | ment this P | eriod | |
| Purpose of Disbursement | Г | • • • | <u> </u> | | 2500.0 | 0 |
| Campaign Contribution Candidate Name | | 011 Category/ Type | | | | |
| Office Sought: House Senate President State: District: | nent For: Primary General Other (specify) | Туре | Campaig | gn Contribution | 1 | |
| Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray For Congress | | | | ion ID: 129983 | 59 | |
| Mailing Address 970 Seacoast Dr #7 | | | 0 2 | / 24 / Y | ž 0 ŏ 6 | Y |
| • | State Zip Code CA 91932 | | Amount o | of Each Disburse | ment this P | eriod |
| Purpose of Disbursement Campaign Fundraiser | | 011 | L | | 1000.0 | 0 |
| Candidate Name Rep. Brian P. Bilbray | | Category/ Type | | | | |
| Office Sought: X House Senate President State: CA District: 49 | ment For: 2006 Primary General Other (specify) ▼ | | Campaig | gn Fundraiser | | |
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| Or | NAME OF COMMITTEE (In Full) | le and address of any point | icai coi | 11111 | iillee lo | Solicit contributions from such confinitee | | | | | | | | |
| $ \rangle$ | National Association of Health Underwrite | rs PAC (HUPAC) | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Lee Terry For Congress | | | | | Transaction ID: 12998365 Date of Disbursement | | | | | | | | |
| | Mailing Address P.O. Box 540098 | | | | | $\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & 2 & 0 & Q & G \end{bmatrix}$ | | | | | | | | |
| | City Omaha | State Zip Code NE 68154 | | | | Amount of Each Disbursement this Period | | | | | | | | |
| | Purpose of Disbursement Contribution | | | C | 11 | 2500.00 | _ | | | | | | | |
| | Candidate Name Rep. Lee Terry | | | | egory/ ype | | | | | | | | | |
| | | ement For: 2006 (Primary Gener Other (specify) | al | | | Contribution | | | | | | | | |
| _ | State: NE District: 2 Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| В. | Pete Sessions For Congress 2006 | | | | | Transaction ID: 12998218 Date of Disbursement | | | | | | | | |
| | Mailing Address Post Office Box 38585 | | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | | |
| | City Dallas | State Zip Code TX 75238 | | | | Amount of Each Disbursement this Period | | | | | | | | |
| | Purpose of Disbursement Contribution | | | _ | 11 | 1000.00 | _ | | | | | | | |
| | Candidate Name Rep. Pete Sessions | | | | egory/ ype | | | | | | | | | |
| | | ement For: 2006 Primary Gener Other (specify) | al | | | Contribution | | | | | | | | |
| | State: TX District: 32 | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Nelson for U.S. Senate | | | | | Transaction ID: 12998362 Date of Disbursement | | | | | | | | |
| | Mailing Address P O Box 8666 | | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | | |
| | City Omaha | State Zip Code NE 68103 | | | | Amount of Each Disbursement this Period | | | | | | | | |
| | Purpose of Disbursement Fundraiser | | | _ | 11 | 1000.00 | _ | | | | | | | |
| | Candidate Name Sen. E. Benjamin Nelson | | | | egory/ ype | | | | | | | | | |
| | Office Sought: House Disburs X Senate President State: NE District: 2 | ement For: 2006 Primary X Gener Other (specify) | al | | | Fundraiser | | | | | | | | |
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| NAME OF COMMITTEE (In Full) National Association of Health Underwrite | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Rely On Your Beliefs Fund | | | Transaction II Date of Disbur | | | | |
| Mailing Address 209 Pennsylvania Aven | ue SE | | 03 / | 02 7 2006 | | | |
| City Washington | State Zip Code DC 20003 | | Amount of Eac | ch Disbursement this Period | | | |
| Purpose of Disbursement Campaign Contribution | | 011 | | 1000.00 | | | |
| Candidate Name | amout Four | Category/ Type | | | | | |
| Senate President | ement For: Primary General Other (specify) | | Campaign Co | ontribution | | | |
| State: District: Full Name (Last, First, Middle Initial) Johnson For Congress Committee | | Transaction ID: 13089861 Date of Disbursement | | | | | |
| Mailing Address P.O. Box 1986 | | | Amount of Each Disbursement this Pe | | | | |
| City New Britain | State Zip Code CT 06050 | | | | | | |
| Purpose of Disbursement Campaign Contribution Candidate Name | | 011 Category/ | | 1000.00 | | | |
| - | ement For: 2006 Primary General Other (specify) | Туре | Campaign Co | ontribution | | | |
| Full Name (Last, First, Middle Initial) - Heather Wilson For Congress | | | Transaction II Date of Disbur | | | | |
| Mailing Address P.O. Box 14070 | | | 03 / | 02 7 2006 | | | |
| City Albuquerque | State Zip Code NM 87191 | | Amount of Eac | ch Disbursement this Period | | | |
| Purpose of Disbursement Campaign Contribution Candidate Name | | 011 | | 1000.00 | | | |
| Rep. Heather A. Wilson | ement For: 2006 | Category/ Type | | | | | |
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| IT | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 21b 27 | 22 X 23 28a 28b | 24 25 26 28c 29 30b |
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| | NAME OF COMMITTEE (In Full) National Association of Health Underwriters | | | | | ioni caon committee |
| Α. | Full Name (Last, First, Middle Initial) Jeb Bradley For Congress | | | | Transaction ID | |
| | Mailing Address 645 South Main Street | | | | 03 / 0 | 0 2 Y 2 0 0 6 Y |
| | | State Zip Code NH 03894 | | | Amount of Eac | h Disbursement this Period |
| | Purpose of Disbursement Campaign Contribution | | | 11 | | 1000.00 |
| | Candidate Name Rep. Jeb Bradley Office Sought: X House Disburse | ment For: 2006 | | egory/ ype | | |
| | | Primary General Other (specify) | | | Campaign Co | ontribution |
| В. | Full Name (Last, First, Middle Initial) Jon Kyl For U S Senate | | | | Transaction ID | sement |
| | Mailing Address PO Box 10246 | | | | 03 / 0 | 02 7 2006 |
| | Phoenix | State Zip Code AZ 85064 | | | Amount of Eac | h Disbursement this Period |
| | Purpose of Disbursement Campaign Contribution Candidate Name | | | 111 egory/ | | 1000.00 |
| | Sen. Jon Kyl | | | ype | | |
| | | ment For: 2006 Primary General Other (specify) | | | Campaign Co | ontribution |
| C . | Full Name (Last, First, Middle Initial) Friends For Mike McGavick | | | | Transaction ID Date of Disburs | |
| | Mailing Address PO Box 9247 | | | | 03 / 0 | 02 2 2 0 0 6 |
| | | State Zip Code WA 98109 | | | Amount of Eac | h Disbursement this Period |
| | Purpose of Disbursement Campaign Contribution Candidate Name | | _ | 11 | | 1000.00 |
| | Mr. Michael McGavick | | | egory/ ype | | |
| | 9 🗎 | ment For: 2006 Primary General Other (specify) | | | Campaign Co | ontribution |
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| NAME OF COMMITTEE (In Full) National Association of Health Underwriters | PAC (HUPAC) | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Transact | ion ID: 13 | 3089865 | , | | |
| A. Jim Jordan For Congress | | | | isburseme | | V * V * | V/ | |
| Mailing Address 1709 State Route 560 S | | | 03 | 0 2 |] / [| ž 0 Ŏ 6 | 1 | |
| , | State Zip Code | | Amount o | f Each Dis | sburseme | nt this P | eriod | |
| | OH 43078 | | | | | 1000.0 | 0 | |
| Purpose of Disbursement Campaign Contribution | | 011 | | | | 1000.0 | | |
| Candidate Name Mr. James Jordan | C | ategory/ Type | | | | | | |
| Office Sought: X House Senate President State: OH District: 4 | nent For: 2006 Primary General Other (specify) | | Campaig | ın Contri | bution | | | |
| Full Name (Last, First, Middle Initial) | | | Transact | ion ID: 10 | 105000 | | | |
| 3. John Lewis For Congress | | | Date of D | isburseme | ent | | V | |
| Mailing Address 1520 Pinehurst Drive Sw | | | 03 | 07 |] | ž 0 ŏ 6 | Y | |
| , | State Zip Code GA 30311 | | Amount o | of Each Dis | sburseme | ent this P | eriod | |
| Purpose of Disbursement Contribution | | 011 | | | | 1000.0 | 0 | |
| Candidate Name Rep. John Lewis | C | ategory/ Type | | | | | | |
| President | nent For: 2006 Primary General Other (specify) | | Contribution | | | | | |
| State: GA District: 5 | | | | | | | | |
| Full Name (Last, First, Middle Initial) Rogers For Congress | | | Date of D | ion ID: 13 | ent | | | |
| Mailing Address Post Office Box 581 | | | 03 | 15 | / Y | ž 0 Ŏ 6 | Y | |
| , | State Zip Code VII 48116 | | Amount o | of Each Dis | sburseme | ent this P | eriod | |
| Purpose of Disbursement Contribution | | 011 | | | | 1000.0 | 0 | |
| Candidate Name Rep. Michael J. Rogers | С | ategory/ Type | | | | | | |
| Office Sought: X House Senate President State: MI District: 8 | nent For: 2006 Primary General Other (specify) | •• | Contribu | tion | | | | |
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| $ \rangle$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | are DAC (HIIDAC) | | | | | | | | | | | | |
| Z | National Association of Fleatin Onderwrite | 15 FAC (HOFAC) | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) | | | | | | | | | _ | 41224 | 14 | | |
| Λ. | Pryce For Congress | | | | | | M | of D м | isburs | | nt | | | V |
| | Mailing Address 145 E. Rich Street | | | | | | 0 3 | | 1 | 6 | Ĺ | 2 | οŏε | 3 |
| | City | State Zip Code | | | | | Amou | ınt o | f Each | Disl | bursen | nent | this F | Period |
| | Columbus | OH 43215 | | | | | Τ. | | - | | | 10 | 000.0 | 20 |
| | Purpose of Disbursement Campaign Contribution | | | n | 11 | 7 | - | 0 | | - | _ | - '' | 000. | 30 |
| | Candidate Name | | _ | _ | egory/ | - | | | | | | | | |
| | Rep. Deborah Pryce | | | T | уре | | | | | | | | | |
| | X | ement For: 2006 C Primary General | | | | | Camp | oaig | n Coi | ntrib | ution | | | |
| | President | Other (specify) | | | | | | | | | | | | |
| | State: OH District: 15 | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) | | | | | | Trans | acti | on ID | : 134 | 41332 | 21 | | |
| Ь. | Dave Camp For Congress 2006 | | | | | | | _ | isburs | | nt | • 1/ | * V * | V |
| | Mailing Address 5915 Eastman Ave. Sui | ite 100 | | | | | 0 ³ | М | / D 1 | 6 | / L | ž | οŏε | 5 ^Y |
| | City Midland | State Zip Code MI 48640 | | | | | Amou | ınt o | f Each | Disl | bursen | nent | this F | Period |
| | Purpose of Disbursement | | | | | _ | | | | | | . 10 | 000. | 00 |
| | Campaign Contribution | | _ | | 11 | | | | | | | | | |
| | Candidate Name Rep. David Lee Camp | | | | egory/ ype | | | | | | | | | |
| | | ement For: 2006 | | | ,,,, | | 0 | | | | | | | |
| | | Primary General | | | | | Camp | oaig | n Coi | ntrib | ution | | | |
| | President State: MI District: 4 | Other (specify) | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | T | | ID | - 10 | 44000 | | | |
| C. | Andrews For Congress Committee | | | | | | | | isburs | | 41223 nt | 59 | | |
| | Mailing Address 215 Fourth Avenue Suite 200 | | | | | | 0 3 | М | / 1 | 6 | / Y | ž | οŏε | S ^Y |
| | City Haddon Heights | State Zip Code NJ 08035 | | | | | Amou | ınt o | f Each | Disl | bursen | nent | this F | Period |
| | Purpose of Disbursement Campaign Contribution | | | _ | | 7 | L. | 0 | | | | . 10 | 000. | 00 |
| | Candidate Name | | _ | _ | 11 egory/ | _ | | | | | | | | |
| | Rep. Robert E. Andrews | | | | ype | | | | | | | | | |
| | | ement For: 2006 | • | | | | Camp | oaiq | n Coi | ntrib | ution | | | |
| | Senate X President | C Primary General Other (specify) ▼ | | | | | | J | | | | | | |
| | State: NJ District: 1 | _ caro (opoony) ▼ | | | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) | DAO (UUIDAO) | | | | | | | | | | |
| National Association of Health Underwriter | s PAC (HUPAC) | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Tra | nsac | tion ID: | 134121 | 94 | | | |
| Heather Wilson For Congress | | | | _ | te of [| Disburse | | v · v | V | V | |
| Mailing Address P.O. Box 14070 | | | | O | ່3 ື | 1 | 6 | 2 | 0 Ď 6 | | |
| , | State Zip Code | | | An | nount | of Each | Disburse | emen | t this P | Perio | d |
| Albuquerque Purpose of Disbursement | NM 87191 | | | $+$ Γ | | | | 1 | 000.0 | 00 | |
| Campaign Contribution | | | 011 | - | | | | | - | | |
| Candidate Name | | | egory/ | | | | | | | | |
| Rep. Heather A. Wilson Office Sought: X House Disburse | ment For: 2006 | Т | уре | _ | | | | | | | |
| Senate | Primary X General | | | Ca | mpai | gn Cor | ntributio | n | | | |
| President | Other (specify) | | | | | | | | | | |
| State: NM District: 1 | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | 134125 | 30 | | | |
| 5. Chafee For Senate | | | | | | Disburse | | v · v | · · | V | |
| Mailing Address PO Box 7329 | | | | O | 3 M | 1 | 6 | 2 | 0 0 6 | | |
| City Warwick | State Zip Code RI 02887 | | | An | nount | of Each | Disburse | emen | t this P | erio | d |
| Purpose of Disbursement | | | - | 1 L | | | | . 1 | 000.0 | 00 | |
| Campaign Contribution | | |)11 | | | | | | | | _ |
| Candidate Name Sen. Lincoln Chafee | | | egory/ ype | | | | | | | | |
| Office Sought: House Disburse | ment For: 2006 | | ,,,,, | \vdash | | • | | | | | |
| X Senate X | Primary General | | | Ca | mpai | gn Cor | ntributio | n | | | |
| President Districts 0 | Other (specify) | | | | | | | | | | |
| State: RI District: 2 Full Name (Last, First, Middle Initial) | | | | <u> </u> | | | | | | | |
| Volunteer PAC (VOLPAC) | | | | | | t ion ID: Disburse | 134120 ement | 185 | | | |
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| Mailing Address PO Box 158552 | | | | | Ş | . | 0 | | 0 0 0 | | |
| City Nashville | State Zip Code | | | An | nount | of Each | Disburse | emen | t this P | Perio | d |
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| Campaign Contribution | | |)11 | - | | | | | | | _ |
| Candidate Name | | | egory/ ype | | | | | | | | |
| Office Sought: House Disburse | ment For: | | | Ca | mnai | an Cor | ntributio | n | | | |
| Senate | Primary General | | | J | πραι | gii ooi | itiibatio | | | | |
| President State: District: | Other (specify) | | | | | | | | | | |
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| Or | NAME OF COMMITTEE (In Full) | e and address of any political | COIII | IIII | illee to | SOIICIL | OHUH | bull | ons m | om s | ucn c | OHIII | iillee | |
| \rangle | National Association of Health Underwriter | 's PAC (HUPAC) | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) | | | | | | | | | _ | 11212 | 25 | | |
| Λ. | Friends Of Sessions Senate Committee In | C | | | | | M N | _ | sburs | | nt / TY | Y | Υ | Y |
| | Mailing Address P O Box 4278 | | | | | | ָרָ אָ [™] | | 1 | 6 | L | 2 | οŏε | 5 |
| | | State Zip Code | | | | А | mour | nt of | Each | Disl | burser | nent | this F | Period |
| | Montgomery Purpose of Disbursement | AL 36103 | | _ | | - [| | | | | | 1 | 000.0 | 00 |
| | Campaign Contribution | | | Ö | 11 | | | | | | | | | |
| | Candidate Name Sen. Jeff Sessions | | | | egory/ /pe | | | | | | | | | |
| | X Senate X President | ement For: 2008 Primary General Other (specify) | | | | Cá | ampa | aigı | n Cor | ntrib | ution | | | |
| _ | State: AL District: 2 | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Steele For Maryland Inc | | | | | D | ate o | f Di | sburs | emer | 41224 nt | | | |
| | Mailing Address 150 South Street Suite 1 | 00 | | | | |) 3 ^N | | 1 | 6 | / L | ž | οŏε | 5 ^Y |
| | City Annapolis | State Zip Code MD 21401 | | | | A | mour | nt of | Each | Disl | burser | | | - |
| | Purpose of Disbursement Campaign Contribution | | | ٥ | 11 | | | _ | | | | . 1 | 000. | 00 |
| | Candidate Name Mr. Michael Steele | | Category/ Type | | | | | | | | | | | |
| | Office Sought: House Disburse X Senate President | ement For: 2006 Primary X General Other (specify) | | | | Ca | Campaign Contribution | | | | | | | |
| | State: MD District: 2 | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Steele For Maryland Inc | | | | | | | | on ID: sburs | | 41293 nt | 31 | | |
| | Mailing Address 150 South Street Suite 1 | 00 | | | | |) 3 ^N | / | 1 | 6 | / Y | ž | οŏε | S Y |
| | City Annapolis | State Zip Code MD 21401 | | | | A | mour | nt of | Each | Disl | burser | nent | this F | Period |
| | Purpose of Disbursement Campaign Contribution | | | 0 | 11 | | - | | | | | | 500. | 00 |
| | Candidate Name Mr. Michael Steele | | | | egory/ /pe | | | | | | | | | |
| | X Senate X President | ement For: 2006 Primary General Other (specify) | | | <u> </u> | Ca | ampa | aigı | n Cor | ntrib | ution | | | |
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| or | for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) | le and address of any politica | ı com | ırrı | ittee to | SOIIC | it contr | ibuti | ions ir | om s | uch cor | nmittee | |
| \rangle | National Association of Health Underwrite | rs PAC (HUPAC) | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | Trans | acti | on ID | : 134 | 112932 | 2 | |
| Α. | Steele For Maryland Inc | | | | | | M | of Di м | isburs | | nt | V . V | V |
| | Mailing Address 150 South Street Suite | 100 | | | | | 0,3 | IVI | ์้า | 1 ^D | Ĺ | ž 0 ŏ | 6 |
| | City Annapolis | State Zip Code MD 21401 | | | | | Amou | int o | f Each | n Dist | oursem | ent this | Period |
| | Purpose of Disbursement | | | U | | 1 | | | | | | 500 | .00 |
| | Campaign Contribution Candidate Name | | - | | 11 | | | | | | | | |
| | Mr. Michael Steele | | | | egory/ /pe | | | | | | | | |
| | X Senate President | ement For: 2006 Primary X General Other (specify) | • | | | | Camp | aig | n Coi | ntrib | ution | | |
| _ | State: MD District: 2 | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Harold Ford Jr For Tennessee | | | | | | Date of | of Di | isburs | emer | 11208 ⁻ nt | | |
| | Mailing Address 5120 Barry Road Suite 1300 | | | | | | 0 ^M 3 | М | / D 1 | 1 6 | / L | žoŏ | 6 ^Y |
| | City Memphis | State Zip Code TN 38117 | | | | | Amou | int o | f Each | n Disk | oursem | ent this | |
| | Purpose of Disbursement | | | _ | | 1 | | | | | | 1000 | .00 |
| | Campaign Contribution Candidate Name | | _ | - | 11 egory/ | | | | | | | | |
| | Mr. Harold Ford | | | | pe /pe | | | | | | | | |
| | | ement For: 2006 Primary General Other (specify) | • | | | | Campaign Contribution | | | | | | |
| | State: TN District: 2 | (-), \ | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Chocola For Congress Inc | | | | | | | | on ID | | 151504 nt | 1 | |
| | Mailing Address PO Box 6728 | | | | | | 0 ^M 3 | М | [/] 2 | 2 0 | / Y | žoŏ | 6 ^Y |
| | City South Bend | State Zip Code IN 46660 | | | | | Amou | int o | f Each | n Dist | oursem | ent this | Period |
| | Purpose of Disbursement Contribution | | | 0 | 11 | 1 | | | | | | 1000 | .00 |
| | Candidate Name Rep. Christopher Chocola | | Ca | ate | egory/ /pe | 1 | | | | | | | |
| | Senate President | ement For: 2006 (Primary General Other (specify) | 1 | | <u>-</u> | | Contr | ibut | ion | | | | |
| | State: IN District: 2 | | | | | | | _ | | - | | 0.55 | |
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| S | CHEDULE B (FEC Form 3X) | · I I I I I I I I I I I I I I I I I I I | | | | | DR LINE NUMBER: PAGE 90 / 93 | | | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) National Association of Health Underwr | | | | | | | | | | | | | | |
| ۹. | Full Name (Last, First, Middle Initial) Melissa Bean For Congress | | | | Transaction II Date of Disbur | | | | | | | | | | |
| | Mailing Address Post Office Box 3068 | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | | | | |
| | City Barrington | State Zip Code IL 60010 | | | Amount of Each Disbursement this Period | | | | | | | | | | |
| | Purpose of Disbursement Contribution | | | 011 | | 1000. | 00 | | | | | | | | |
| | Candidate Name Rep. Melissa L. Bean | | | ategory/ Type | | | | | | | | | | | |
| | Office Sought: X House Senate President State: IL District: 8 | orsement For: 2006 Primary X General Other (specify) ▼ | | | Contribution | | | | | | | | | | |
| 3. | Full Name (Last, First, Middle Initial) Louie Gohmert For Congress Committee | ee | | | Transaction II Date of Disbur | | | | | | | | | | |
| | Mailing Address PO Box 8060 | | | | M M / D | | 6 Y | | | | | | | | |
| | City Tyler | State Zip Code TX 75711 | | | Amount of Eac | h Disbursement this | Period | | | | | | | | |
| | Purpose of Disbursement Void - Louie Gohmert For Congress Commit | | | 011 | -1000.0 | | | | | | | | | | |
| | Candidate Name Rep. Louie Gohmert | | | ategory/ Type | | | | | | | | | | | |
| | Office Sought: X House Senate President State: TX District: 1 | ursement For: 2006 X Primary General Other (specify) ▼ | | | Void - Louie (Congress Co | Gohmert For mmittee | | | | | | | | | |
| Э. | Full Name (Last, First, Middle Initial) Volunteers For Shimkus | | | | Transaction II Date of Disbur | sement | | | | | | | | | |
| | Mailing Address P.O. Box 5458 PO Box 5458 | | | | 03 | 31 7 200 | 6 ^Y | | | | | | | | |
| | City Springfield | State Zip Code IL 62705 | | | Amount of Eac | h Disbursement this | | | | | | | | | |
| | Purpose of Disbursement Void - Volunteers For Shimkus | | | 011 | | -1000. | 00 | | | | | | | | |
| | Candidate Name Rep. John M. Shimkus | . 5 | | ategory/ Type | | | | | | | | | | | |
| | Office Sought: X House Senate President State: IL District: 19 | rrsement For: 2006 X Primary General Other (specify) ▼ | | | Void - Volunt mkus | eers For Shi- | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3) | Use seperate schedule(s) | | NUMBER: PAGE 91/93 | |
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| IT | EMIZED DISBURSEMENT | | (check onl | 22 X 23 24 25 26 | |
| | y Information copied from such Reports ar for commercial purposes, other than using | | | | <u> </u> |
| \rangle | NAME OF COMMITTEE (In Full) National Association of Health Und | derwriters PAC (HUPAC) | | | |
| ۹. | Full Name (Last, First, Middle Initial) Musgrave For Congress Mailing Address 118 W Charlotte | St | | Transaction ID: 13844212 Date of Disbursement 0 3 M / D 3 D / Y Y Y O O O O | |
| | City Johnstown Purpose of Disbursement Void - Musgrave For Congress | State Zip Code CO 80534 | 011 | Amount of Each Disbursement this Period -1000.00 | _ |
| | Candidate Name Rep. Marilyn N. Musgrave Office Sought: X House Senate President State: CO District: 4 | Disbursement For: 2006 X Primary General Other (specify) | Category/ Type | Void - Musgrave For Congr- ess | |

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| NAME OF COMMITTEE (In Full) National Association of Health Underwrite | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. MEL A SCHLESINGER | | | Transaction II Date of Disburs | | | | | | | |
| Mailing Address PO Box 30100 | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | |
| City Winston Salem | State Zip Code NC 27130-0100 | | Amount of Eac | h Disbursement this Period | | | | | | |
| Purpose of Disbursement Over-charged Mt Vernon Trip | | 010 | | 25.00 | | | | | | |
| Candidate Name Office Sought: House Disburs | ement For: | Category/ Type | | | | | | | | |
| Office Sought: House Disburs Senate President State: District: | Primary General Other (specify) | | Over-charged ip | Mt Vernon Tr- | | | | | | |
| Full Name (Last, First, Middle Initial) KATHY M. RAINWATER | | | Transaction II Date of Disburs | | | | | | | |
| Mailing Address 515 West Southwest Lo | op 323 | | 03 / 0 | 16 7 2006 | | | | | | |
| City Tyler | State Zip Code TX 75701-9455 | | Amount of Eac | h Disbursement this Period | | | | | | |
| Purpose of Disbursement Over-charged Mt Vernon Trip Candidate Name | | 010 Category/ Type | L | 25.00 | | | | | | |
| Office Sought: House Disburs | ement For: Primary General Other (specify) | | Over-charged ip | d Mt Vernon Tr- | | | | | | |
| Full Name (Last, First, Middle Initial) SUE LARSEN | | | Transaction II Date of Disburs | | | | | | | |
| Mailing Address 4995 Torero Rd. | | | 0 3 M | 24 7 2006 | | | | | | |
| City Santa Barbara | State Zip Code CA 93111-1925 | | Amount of Eac | h Disbursement this Period | | | | | | |
| Purpose of Disbursement Refund AMX 2006 Capitol Conference Mt Ve Candidate Name | | 010 Category/ | | 75.00 | | | | | | |
| | ement For: Primary General Other (specify) | Type | Refund AMX Conference M | 2006 Capitol ⁄lt Vernon | | | | | | |
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| NAME OF COMMITTEE (In Full) | o and address of any political col | | non continu | | acii comili | illo c | |
| National Association of Health Underwrite | rs PAC (HUPAC) | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | tion ID: 122 | | | |
| Friends of Mitroff | | | | Disbursemer | | V V | 1 |
| Mailing Address 26W465 Harrison Avenu | е | | 0 1 | 23 | 2 (| 0 0 6 ° | |
| City Winfield | State Zip Code IL 60190-1317 | | Amount | of Each Dist | oursement | this Per | iod |
| Purpose of Disbursement | 00190-1317 | | | | | 500.00 | |
| Pamela Mitroff, STATE HOUSE 95th IL | | 011 | | | | - | |
| Candidate Name Pamela Mitroff | | Category/ Type | | | | | |
| Senate X President | ement For: 2006 Primary General Other (specify) | | Pamela SE 95th | Mitroff, ST IL | TATE HO | U- | |
| State: IL District: 95 Full Name (Last, First, Middle Initial) | | | | | 705100 | | |
| 3. Citizens for Bill Brady | | | Date of [| tion ID: 127 Disbursemer | nt | | |
| Mailing Address PO Box 5314 | | | 0 2 | 0 2 | Ž | 0 0 6 ° | |
| City Bloomington | State Zip Code IL 61702-5314 | | Amount | of Each Dist | oursement | this Per | iod |
| Purpose of Disbursement William Brady, GOVERNOR IL | | 011 | | | į | 500.00 | |
| Candidate Name William E Brady | | Category/ Type | | | | | |
| 9 🗎 | ement For: 2006 Primary General Other (specify) | | William Brady, GOVERNOR IL | | | | |
| Full Name (Last, First, Middle Initial) Governor Heineman Committee | | | | tion ID: 127 Disbursemer | | | |
| Mailing Address PO Box 540076 | | | 0 2 | 03 | | 0 0 6 ° | |
| City Omaha | State Zip Code NE 54076 | | Amount | of Each Dist | oursement | this Per | iod |
| Purpose of Disbursement Dave Heineman, GOVERNOR NE | | 011 | | | 10 | 00.00 | |
| Candidate Name Gov. Dave Heineman | (| Category/ Type | | | | | |
| | ement For: 2006 Primary General Other (specify) | 31- | Dave He NE | eineman, C | GOVERN | OR | |
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